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THE

WESTERN LANCET,

DEVOTED TO

MEDICAL AND SURGICAL SCIENCE.

VOL. III.

BOSTON MEDICAL
APR 10 1889
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EDITED BY DR. L. M. LAWSON, M. D.,
Lecturer on General Anatomy and Physiology.

CINCINNATI:
PRINTED BY A. G. SPARHAWK, N. E. CORNER FOURTH AND SYCAMORE
1844—5.

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WESTERN LANCET.

Vol. III. CINCINNATI, MAY, 1844. No 1.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Case of Hæmoptysis, with Suppuration of a portion of the right lung, accompanied by Hypertrophy of the right ventricle of the Heart.* By JOHN P. HARRISON, M. D.

Major P., an eminent lawyer, possessed of a quick and ready talent for public speaking, had before I saw him, several attacks of pulmonary hemorrhage, which were brought on by severe professional labor. Several months before my first visit, an abscess had formed in the right lung, and a large quantity of pus had been discharged.

April 20th, 1843. This day in consultation with his attending physician, a gentleman of intelligence, and practical tact, I saw the patient. He was slowly recovering from the severe illness, connected with the suppuration of the lungs, and from a recent eruption of blood from the lungs. Upon careful examination of his chest, by auscultation and percussion, no tubercles could be detected in either lobe of the lungs. There was evident hypertrophy of the right ventricle of the heart, and a cavity existed in the lower portion of the right lobe of the lungs.

The action of the heart was very powerful, lifting up the hand, when it was placed over the cardiac region. Our diagnosis was a cavity in the lower portion of the right lung, whence the copious eruption of pus had issued, which the bursting of the abscess had occasioned two months ago; some condensation of pulmonary tissue around the location of the cavity of the abscess; no tubercles in either lung; hypertrophy of the right ventricle of the heart.

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Having been freely depleted by the lancet, before I saw him, no further detraction of blood was employed. Nitrate of potash, digitalis and tart. emetic was given pretty freely, so as to moderate the action of the heart, and subdue the tendency to hemorrhage. Under this treatment he improved very much, and in a few weeks was able to go out in fine weather.

He had, however, one or two returns of hæmoptysis during the spring and summer, brought on by imprudent exposures, and the exercise of his professional duties at the bar. Once he experienced a renewal of the hemorrhage from the lungs by indulging, agreeably to the advice of a physician who was not in attendance, in animal food. His health, under a strict vegetable diet, and regulated mode of living as regards exercise, and abstinence from all attempts at speaking, greatly improved, and I heard nothing of him for several months till his last illness.

Oct. 3rd. Saw him; pain very intense in the right and lower portion of the chest; some serous effusion in the right cavity of the thorax; absence of respiratory murmur in the inferior portion of the right lung; pulse weak and quick, action of the heart tumultuous and irregular; general strength much reduced; slight anasarca of ancles.

Some days before this date, he had exposed himself — had a return of the hæmoptysis, for which he had been bled.

The effusion into the cavity of the thorax increased, day after day, until he died, on the 11th of October. *Sectio cadaveris*, on the 13th of October. A gallon of serum was found in the right side of the chest; a few miliary tubercles at the upper portion of the right lung; about two-thirds of the right lung, the lower portion, was hepatized; a cavity, of an irregular shape, which would hold half an ounce of fluid, was found in the inferior part of the right lung. The right ventricle of the heart was much thickened in its walls — no dilatation, or contraction, of the cavities of the heart; a pint of serum in the left cavity of the chest.

Originally, as far as the history of the case could be ascertained, this was an attack of hypertrophy of the right ventricle of the heart;

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the lung affection was consequent to the urgent impulsive power of the central organ of the circulation, throwing the blood with morbid force and quantity on the pulmonary apparatus. The abscess of the lungs resulted from the inflammation, set up in the parenchyma, affected with the hemorrhagic congestion of blood.

The valuable life of this gentleman might have been prolonged by a most scrupulous avoidance of every thing, calculated to disturb and quicken the action of the heart. But, such was the great activity of his mind, that in despite of repeated cautions, he constantly transgressed the only measure which could have effectually protected him from a renewal of the pulmonary attacks.

ART. 2.—*Cases of Congestive Fever, Treated Principally by External Stimulating Applications and the Hot Air Bath, with Remarks.* By E. S. Cooper, M. D., of Danville, Illinois.

THERE are three distinct varieties of congestive fever—the extreme, the intermediate, and the mild; the mild being the least, and the extreme the most difficult fever to treat, with which I have been acquainted. There is just that much difference in the two varieties. The extreme is the variety that has prevailed with so much fatality in many places along the Wabash river, for the last five years; and it being the form of most importance, I select from my note book, cases of it exclusively.

CASE 1*st.*—*June 8th.* I was called to Mrs. M. M., æt: 27, who had, as her friends said, been shivering for two days, and that she had been sinking about two hours before my arrival. I found her in the following condition: Countenance idiotic; eyes dull red, and suffused with tears; extremities cold; skin relaxed; pulse small and irregular; great difficulty in breathing; unable to speak distinctly, but constantly muttering unintelligibly.

I immediately applied the hot air bath, and raised the heat inside the apparatus to 125°, and kept it there half an hour, when the pulse became full and the extremities warm; skin on the trunk nearly natural and breathing easy. I now removed the bath and applied sina-

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pisms to the wrists and ancles, bottles of hot water to the sides, and a blister to the epigastric region.

June 10th. Skin somewhat relaxed, and below the natural temperature; pulse smaller than natural; difficulty in breathing; great nausea, which was very much increased by being raised up in bed. Applied the hot air bath for half an hour; blisters to the inside of the thighs, just above knees; gave hot drinks when thirsty, and exhibited stimulating enema, to be repeated.

11th. Is much better to day; skin, pulse, and countenance nearly natural; gave calomel as purgative.

12th. Still improving; gave four grains of calomel, and three of compound powder of ipecacuanha; ordered oil to be given at night.

13th. Decidedly better to-day; wished to sit up in bed, which was prohibited; gave two grains of quinine every three hours; oil to be given again next day.

CASE *2nd.* — Mr. S. æt. 22; of light complexion, and sluggish circulation, was taken on the 21st of June, with pain in the stomach, and a disposition to vomit, some thirst, and a very unpleasant taste; extremities cool.

I was called to him on the 23rd, and found him in the following state: tongue pale and tremulous; eyes staring, and glary; countenance intoxicated; skin cold, damp, and relaxed; pulse small, and varying from 115 to 125. Applied sinapisms to extremities from ancles up to knees, and from wrists up to elbows; a blister to the epigastrium; and then over these, and most of the trunk and inferior extremities, applied hot sand in pillow cases.

24th. Skin still cooler, and pulse smaller than natural; countenance still vacant, and breathing oppressed. Continued applications as yesterday; gave hot drinks, stimulating enema, and brandy.

25th. Some better to-day; skin, pulse, tongue, and countenance more natural. Gave calomel as purgative; left powders of calomel and opium to be taken when the calomel had acted, and oil to be taken when the powders were all given.

28th. I did not see him again until to-day, when I found him

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rapidly convalescent; breathing easy, pulse 90, and moderately full; alvine discharges dark green, and copious; very little appetite—gave elixir vitriol. I did not see him after this, but heard from him occasionally,—he did very well.

CASE *3rd.*—Mrs. A. L. ætat. 60; taken with vomiting and purging on the night of the 2nd of July.

On the 7th I was called to consult with the attending physician, who had given her opium, camphor, musk, and calomel, and applied a blister to the pit of the stomach. At my suggestion, and his concurrence, we had her laid into hot sand, made damp with vinegar, where she remained five hours without any reaction taking place. Gave ginger tea, and used stimulating enemata, and bandy by the tea spoonful, at intervals, every half hour during the night. I regret to say, I neglected to note the symptoms of this patient when I first saw her, but I quote from memory and add:—a supine position, with cold hands and small pulse; bewildered and vacant countenance; nausea, and constant motion of the head.

6th. Very little change; pulse a little fuller, and extremities a little warmer. Applied the hot air bath for half an hour, when the extremities were glowing with heat, and the pulse became full and was bounding. Gave a calomel purge, and left another to be given the next day; directed the recumbent posture to be kept until the strength and health was in a great measure restored.

12th. I did not see her again until to-day, when I made the following note of her case: Mrs. Lagroom in a very precarious situation. From the sixth she had been convalescing finely, had some appetite, and was gaining strength; when to-day, attempting to walk to the fire, the heart's action flagged, and she fainted, upon which a messenger was despatched for me.

When I saw her, which was about four hours after she had collapsed; the pulse was almost imperceptible; extremities cold; delirium; indistinctness of vision; surface covered with large drops of cold sweat. Applied the hot air bath for half an hour, and then laid her in hot sand for four hours, and then applied the bath for half an hour again; continued the bath and sand alternately during the night.

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13th. Feeble reaction this morning; gave opium and camphor, and applied sinapisms to extremities, a blister to the stomach, and one to the inside of each thigh, just above the knee, and then directed the hot sand, dampened in vinegar, to be a constant application.

14th: Some better; gave purgative of calomel; ordered warm drinks, and stimulating enemata.

15th. Symptoms of internal venous congestion rapidly subsiding; pulse natural, or nearly so; skin warm; alvine evacuations rather dark.

16th: Still mending; some diarrhœa; gave dovers powder and calomel; and ordered oil afterwards.

19th: Doing very well; diarrhœa ceased; some appetite. Left quinine—oil to be taken occasionally to keep the bowels soluble. She did very well after this.

Now some would have termed this a case of cholera morbus, as in the first instance it commenced with puking and purging; but it was a case of congestive fever. In the post mortem examinations of similar cases, I find congestion in the liver and its appendages; the heart and those veins close to it; in the lungs, and bronchial lining, and sometimes the brain. The reason why purgatives were withheld until the patients were convalescent is this—in all very low cases of congestive fever the system must be raised, the excitability increased before it will be within their reach; and I think evacuations are to be resorted to with great caution in this disease. I have seen dangerous prostration produced in a number, by the action of drastic cathartics.

Nothing can exercise a more dangerous effect than too much physical exertion in weak convalescents of this disease. In the last case, the patient had a relapse from walking too soon. It is indispensably requisite for patients, after congestive fever, to keep quiet.

Armstrong says, the life of the patient, in these cases, depends not unfrequently upon his keeping a recumbent posture. This I believe to be true, and I believe it because I have known quite a number who to all appearances were in a situation decidedly flattering, attempt to walk while still weak, after an attack of congestive fever, faint and die rapidly, and without reaction ever taking place.

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ART. 3.—*Case of Emphysema of the Lungs. By* JOHN DAVIS, M. D., Resident Physician of the Commercial Hospital, Cincinnati.

JOHN RITTER, aged 20; admitted January 15th, 1844, with the following symptoms:—Much difficulty of respiration; many parts of the surface, especially of the ears, lips, fingers, and tongue, very livid. Slight cough or motion causes the whole surface to be in this condition. The veins of the neck, particularly the external jugulars, very much enlarged; the temperature of the extremities, and indeed, of the whole surface, lower than natural; the pulse of the radial arteries very irregular and indistinct, yet, at times, not small.

The patient cannot give any very definite history of his case. His general account implies, that his present complaints began about five years since, after great exertions of muscular strength in carrying wood.

The left side of his chest is much larger than the right; and percussion upon it gives a much clearer sound than when made upon the latter, and clearer than is usually got from healthy chests. The ear applied over any part of the left lung perceives a loud friction sound, which is synchronous with the motions of respiration. In the right lung nothing unusual is detected. The sounds, above alluded to, are so loud that those of the heart cannot be perceived with sufficient distinctness to determine its state with certainty.

18*th.* Lividity of surface and difficulty of respiration gradually increased, and at about 12 o'clock, A. M., he died.

Appearances on the Autopsy.—On opening the thorax, the right lung was found in the usual state; but the left exhibited a most extraordinary degree of emphysema:—the body of the lung being compressed into very small compass, and the cavity of the left pleura chiefly occupied by three large bags of air, nearly of the size of the urinary bladder; the air being confined within the pleura pulmonalis.

The heart is extremely enlarged, especially the right ventricle, which is found of very extraordinary dilatation, and to have very considerable thickening of its walls. The right auricle is expanded

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n to a bag, apparently sufficient to contain two gills. There is no obstruction exhibited in the valves; on the contrary, the tricuspid valve appears incapable of duly closing the passage between the auricle and ventricle.

ART. 4.—*Naphtha in Tuberculous Consumption.* BY D. WILSON, ESQ.—In this case the following symptoms presented themselves: The patient was of a fair complexion, etc., with a general appearance strongly indicative of the scrofulous diathesis. He has lost one unmarried sister, ætat. 38, from consumption, and another, married, ætat. 21, from a "bad throat." He was never very strong, and is now losing flesh and strength rapidly. He has night perspirations, and little or no appetite; wandering pains about his chest, almost constantly between his shoulders; his spine is curved, (where there is considerable tenderness on pressure,) bending towards the left shoulder, and causing great rotundity of that side of the thorax, posteriorly. For support, over the same shoulder, he wears a broad belt, which is attached to another encircling his chest. The walls of the thorax, on the right side, seem as if they had approximated antero-posteriorly, so that collapse and immobility are very striking. The infra-clavicular depression is not so great on the left side, throughout which respiration is highly puerile. In the entire upper part of the right lung respiration is absent, and slightly audible in spots only, in the lower part. Percussion elicits a dull sound over both infra clavicular regions, particularly over the right. The heart-sounds are very audible over the same spaces.

I examined them again on the 5th and 7th of February. On the latter date a physician also stethoscoped him, whose diagnosis tallied with my own in pronouncing his lungs to be the seat of tubercular deposit. On February 12th he was stethoscoped with the same result. He felt himself getting daily worse, when I, with much scepticism, determined to try naphtha, the first and only medicine he has had from me. He was ordered ten drops, to be gradually increased to twenty drops, three times a day. At the end of the week, to my surprise, he expressed himself to be much better;

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his *perspirations had ceased, his appetite and spirits were returning, the spinal tenderness had gone, the breathing was more extended in the right lung,* although very weak, and the *puerile respiration in left lung was greatly diminished.* The treatment was continued for six weeks, when he was vastly improved in every respect; the right side seemed to have become more developed, and where collapse and immobility had previously existed, there was now considerable freedom and elevation of the ribs during inspiration. In fact, he was so well that he abandoned his medicine (naphtha). After a *week's discontinuance of it he felt much worse,* and gladly resumed taking it, *and at the end of another week he felt himself in the same improved condition as when he left it off.*

[This case confirms the opinion of Dr. Hastings on the value of this remedy. We are not disposed, however, to feel the same confidence in its powers as this gentleman.]—[Braithwaite's Retrospect, from Lancet, June 3, 1843, p. 344.

[Probably much of its value in pulmonary affections may be owing to its powers as an expectorant. *Naphthaline* has been found to possess valuable properties of this kind, as will be seen by the following notice of it]:

This substance, when applied to the tongue, causes a peculiar heat and prickling sensation, which extends down the throat and bronchial tubes, and exciting a spasm of the latter, ends in inducing a cough of a kind very efficacious in clearing the air-cells and canals of accumulations of mucus. It is, therefore, a remedy highly suitable in the asthmatic coughs of old people, and others who, from debility, are unable to expel the matters which clog the pulmonary membrane. M. Dupasquier, of Lyons, prescribes it in the form of a syrup and an electuary. The former is composed of fifteen grains of naphtaline, suspended by a small quantity of boiling alcohol in about four ounces of syrup, of which the dose is a teaspoonful every quarter of an hour until expectoration. The other form consists of naphthaline well mixed with any simple electuary, in the proportion of eight grains of the former to half a drachm of the latter in dose, a table-spoonful every quarter of an hour as before.—[Braith. Ret., from Lancet, July 8, 1843, p. 515.

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ART. 5. — *New Treatment of Sciatica.* — There lives at Cassano a woman who has for many years enjoyed a great reputation for her cures of sciatic neuralgia. The means which she employs, and which have been in many cases successful, consist in the application of a certain herb to the heel, which produces a sore. The physicians in her vicinity, astonished at the efficacy of her treatment, sought to discover what this plant was, and ascertained that it was the fresh leaf of the ranunculus sceleratus, which possesses very active vesicating powers. Dr. ROSSI FIORAVENTE has taken advantage of this discovery, and has employed newly prepared cantharides ointment, applied to the heel, this part being first deprived of its callosities. To obtain the desired effect from this application, it is necessary to destroy the epidermic concretions by means of cataplasms which soften them so that they may be removed with a bistoury. The heel must afterwards be bathed with strong vinegar, and half an ounce of fresh cantharides plaster applied for twenty-two or twenty-four hours; the period necessary to obtain complete vesication. If vesication is not effected, the same quantity of the ointment is reapplied in the same manner. Dr. F. relates 12 cases of sciatica which had resisted various means, and were completely cured by this method of treatment.—*Rev. Med.*, Aug. 1843, from *Anal. Univ. di Med.* May, 1843.

M. Caffee, at a meeting of the Medical Society of emulation, (Oct. 3,) mentioned that M. Quadri, the celebrated professor of opthalmology, in the University of Naples, told him that Dr. Petrini, director of the surgical clinique of Aquilla, a town of the Abruzzi, published, about six years ago, a memoir, in which he made known a mode of treatment for sciatica, which consisted in applying an olive-shaped cautery, heated to a white heat, between the little toe of the diseased limb and the one next to it. This cautery ought to be applied to that part where the nerve bifurcates to furnish its collateral branches to the two last toes; and ought to be kept there for five or six seconds. The wound should then be dressed with simple serate, and allowed to cicatrize.

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A Capuchin monk, affected with sciatica, carried with him in his travels through various towns an instrument for this purpose.

Professor Quadri has often repeated this operation at Prati, in Tuscany, with great success.—[Am. Jour. Md. Sci. from Gaz. des Hopitaux, Nov. 25, 1843.

ART. 6.—*German treatment of engorgement of the Liver and Spleen.*—Dr. Schwabe, of Gross-Rudestadt, makes known to us the following recipe, which he has employed successfully against the above affections: —

℞. Belladonna root, powdered, a grain and a half;
Muriate of quinine, four grains;
Powdered rhubarb, fifteen grains. Mix for ten powders; one to be taken morning, noon, and night, in any convenient vehicle.—[Braith. Ret., from Casper's Wochenschrift, from Lancet, May 20, 1843, p. 253.

ART. 7.—*Facial Neuralgia.*—An ointment composed of veratria, one part, to eighty parts of lard, has been found very useful as an external application in cases of facial neuralgia. But the preparation is much more efficacious if made with rancid instead of fresh lard, which is probably owing to a salification and greater solubility effected in the veratria by the agency of the free acid in the fat.—[Braith. Ret., from Revue Scientifique, from Lancet, May 27, 1843, p. 304.

ART. 8.—*Treatment of Diabetes.*—An interesting case of this affection is published by Mr. Hodges, of Downpatrick, in which the nitrogenizing plan of treatment so ably recommended by Dr. Barlow of Guy's Hospital, was attended with excellent results. The treatment was commenced by giving five grains of the sesquicarbonate of ammonia every three hours, with coffee and bacon to breakfast, animal food and cruciferous vegetables for dinner. The skin was stimulated by friction, and the patient well clothed with warm flannel. In four days the urine was diminished in quantity from twenty-four to fourteen pints daily. The ammonia was then increased

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to five grains every two hours, and very soon the quantity of urine voided was only eight pints daily ; in thirteen days more, only five pints, and in twenty-one days the drink taken in twenty-four hours was two pints, and the urine four pints.—[Braith. Ret., from Medical Gazette, July 7, 1843, p. 525.

ART. 9.—*Vomiting—a cure for Phthisis.*—It is stated that 176 patients under consumption—47 in the incipient, and 129 in the advanced stage—admitted during a period of four years into the military hospital at Capua, were ultimately discharged perfectly cured, their treatment having consisted in the administration of a table spoonful night and morning, of the following mixture :—Tartarized antimony, three grains ; syrup of cloves, an ounce; decoction of marsh mallows, six ounces ; mix. The dose was to be repeated until vomiting ensued.—[Braith. Ret., from Annali Univ. di Med., from Lancet, July 22, 1843, p. 583.

ART. 10.—*Mercurial Cigars.*—M. Paul Barnard lately proposed to the Acad. de la Medicine, the use of cigars impregated with a weak solution of biohloride of mercury for persons affected with syphilitic affections of the throat and palate, as a mode of conveying mercurial fumigation. It has been proposed first to deprive the tobacco of its narcotine by frequent washings.—[Braith. Ret., from Lancet, May 13, 1843, p. 216.

ART. 11. *Value of Antimony in Mania.*—Dr. Sutherland states tha the employment of antimony in the treatment of mania is of the highest value. A fourth of a grain of the potassio-tartrate may be given every fourth hour, or at the commencement of the paroxysms of furor. It is powerful as a means of controlling the action of the heart and arteries. In many cases in which it has been given, it has acted like a charm in instantly subduing the excitement and violence of the patient; and in some cases an alteration in the symptoms for the better has been traced from the commencement of its administration.—[Braith. Ret., from Prov. Med. Jour., July 22, 1843, p. 342.

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SURGERY AND OPTHALMOLOGY.

ART. 12. — *Case of Deformity from Burn, successfully Treated by Plastic Operation.* By WM. B. DIVER, M. D., of Cincinnati. (With a wood cut.)

IN February I was consulted by Thomas Hurst, Esq., of this city, respecting his son William, an interesting boy, about seven years of age, who was the subject of a shocking deformity of the face and neck, produced by a burn when he was three years old.

During the process of healing, an attachment had been permitted to take place between the integuments of the face and those of the chest; so that the neck was occupied by a broad, dense cicatrix.

The accompanying engraving affords an accurate representation of

the boy's face and neck, as when he was first presented to my notice. The lower jaw was drawn down, the mouth continually open, the tongue protruding and the saliva, as it was secreted, allowed to flow

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out upon the dress. The right side of the face, especially, was distorted, as is here represented. The patient could neither look up, nor turn his head to the right or to the left, without moving his body. As he grew older the deformity increased, and his faculty of speech became so much impaired that he was scarcely intelligible.

In reply to the various enquiries of the parents, I described the nature and probable risks, as well as advantages of an operation, for the cure of the deformity. Their consent being given, I placed the boy under a slight preparatory treatment; and on the 17th February assisted by Drs. J. Mudd, and D. Judkins, and Daniel Pierson, Esq., performed the plastic operation, which has been successfully introduced by my friend Dr. Mutter of Philadelphia.

The cicatrix was divided entirely across, through the platysma myoides down to the deep-seated fascia of the neck. The external jugular vein was, as I expected, obliterated by the burn. But one vessel, a small branch of the superior thyroid, was divided; the hæmorrhage was slight.

This first and most tedious stage of the operation being completed, the head was thrown back, the mouth and lips closed, and the edges of the wound widely separated, so as to present a broad chasm.*

The next step was to make a flap of more than sufficient size to cover the wound in the neck, allowing half an inch every way for contraction. In order to accomplish this, I availed myself of Dr. Judkins' suggestion, and dissected up a flap from the breast, instead of from the shoulder as I had at first proposed; this being left attached by a pedicle over the sternum, was turned round, so that the right side of the flap was applied to the left side of the neck, and vice versa. A branch of the external mammary artery on each side required a ligature.

The last and most important part of the operation was to attach

* Immediately after the division of the cicatrix, the *tonic action* of the temporal muscles produced a partial closure of the mouth, which, previously, was widely opened. I have observed this tonic action of the muscles, in operating on club feet, especially in the variety pes equinus; where, after the division of the tendo achillis, the contraction of the ant. tibial muscles produces a partial flexion of the foot.

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the outer edge of the healthy skin to the sides of the wound in the neck. This was effected by twisted sutures, in order to secure healing by first intention. Having applied a dressing of lint and warm water to the wounds, the patient was placed upon a bed, where he slept quietly under the influence of an anodyne administered before the operation.

The next day the uncontrollable restlessness of the patient, and his resistance under dressing, caused two of the pins on each side to tear through, and in consequence, a small slough formed on the side of the flap. By the frequent application of the nitric acid solution,* though somewhat stronger than is recommended by Sir A. Cooper, the separation of the slough was hastened, and the rapid growth of granulations promoted. This was the only circumstance which occurred to retard the cure, or occasion any anxiety. The *engrafted* skin upon the throat adhered by first intention to the subjacent parts; the denuded surface upon the breast filled up with granulations, and the patient recovered rapidly.

Eight weeks have now (April 17th,) elapsed since the operation, and the deformity is entirely relieved. The patient has the perfect use of his head, mouth and lips. He is able to look about in any direction; to masticate with ease, and utter with distinctness the labial sounds.

To Professor Mutter is due the honor of having first introduced this valuable improvement, which deserves to rank among the first of its class.

ART. 13.—*Cases of Club-foot. By* E. K. CHAMBERLIN, M. D., Physician to the Cincinnati Dispensary. (With a wood cut—six figures.)

CASE 1.—Mrs. Kean, æt. sixty, from Lexington, Ky., consulted me

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* In lacerated and gun-shot wounds, where extensive gangrene prevailed, I have employed sixty drops of acid in a pint of distilled water, with entire satisfaction; never failing to hasten the separation of the sloughs, and promote the rapid growth of healthy granulations. In this case, the solution was of the above proportions.

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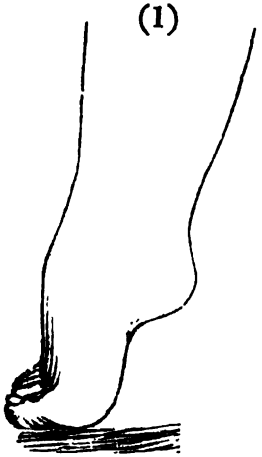
in November last, concerning the variety of club-foot usually called *pes equinus*, with which she had been afflicted for more than thirty years.

(1)



The cut (1) gives a correct representation of the foot at the time. Not the smallest flexion of the ancle joint could be made; there was, however, partial lateral motion. The leg, at its utmost extension formed an angle of 135° with the thigh. Locomotion was very difficult, and rendered more so by the great weight of the patient, (230 lbs.) and the ball of the foot being covered with corns. The affection appeared to have been caused by an inflammatory attack of the limb after her third accouchment.

Professor Dudley of Lexington endeavored to overcome the defect by mechanical extension, frictions, and a rigid dietetic course. Little or no benefit was derived from this plan of treatment, though long persisted in; and symptoms of tetanus at last supervening, the mechanical extension was discontinued.

Satisfying myself that the deformity was caused solely by the contraction of the muscles, and that there was no anchylosis, I gave my opinion that an operation would afford relief. The patient herself being urgent for an immediate operation, I divided the tendo achillis on the 23rd of November, in the presence of my friends, Drs. Vattier, Warder, Mendenhall, and Cox of this city, and Bennet and Grant of Covington. The operation which occupied but a few seconds was attended with little pain, and only the loss of a few drops of blood. The extremities of the divided tendon separated more than an inch, affording instantaneous relief to the flexed leg. The wound was covered with adhesive plaster, a compress and roller being applied over it. Removed the dressing on the second day, and found the wound entirely healed.

Nov. 27th. Applied reducing apparatus, and commenced gradual flexion. The apparatus was daily removed, and the limb rubbed

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with the tinct. sapon. c. opii. The pain arising from the use of the instrument was not severe.

Dec. 4th. Being the twelfth day after the operation, the foot was reduced, forming a right angle with the leg as represented in the cut. (2).

(2)

12th. Tendon united—patient able to flex and extend the foot.

Jan. 3rd, 1844. Patient with the assistance of an attendant walked across her room — no pain or uneasiness, except of the instep at the articulation of the astragalus with the tibia.

Since the last mentioned date, she has continued to use the foot daily, the motions becoming more easy and natural. The advanced age of the patient, the long standing of the deformity, the readiness with which the tendons united, as well as the speedy reduction, render this case both interesting and instructive. No abrasion of the integument was produced in the whole course of treatment. This may be accounted for by the frequent removal and proper adjustment of the apparatus.

CASE 2. — WM. SMITH, æt. five, Covington, Ky., had congenital varus of both feet, the third variety, as represented in cuts 3 and 4.

(3)

(4)

A cure by mechanical means had been attempted, by a physician of this city, during the early months of infancy; the attempt, however, was unsuccessful. When eighteen months old, a surgeon of eminence divided the tendo achillis of each leg. From some cause, to me unknown, the feet remained in *statu quo*.

On the 12th of August last, assisted by my friend, Dr. Stuart,

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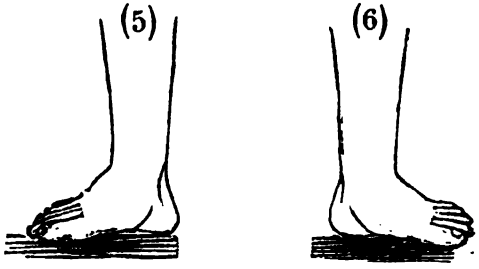
of this city, I divided the tendo achillis of the right leg; dressed the wound as in Case 1, and commenced immediate reduction by the figure of 8 bandage.

August 14th. Wound entirely healed; applied reducing apparatus. Removed the apparatus daily for half an hour at a time, bathing the foot well with spirits and water, using also the liniment as in case 1.



26th. The fourteenth day after the operation, the the foot was reduced as repesented in cut 6. But little pain or irritation was caused by the instrument, except at the time of adjusting it.

Sept. 5th. Removed the instrument and applied Scarpa's shoe.

13th. In the presence of my friends, Drs. Lawson, Vattier, J. P. and D. Judkins, Orr, Atwater, and Irons, I divided the tendo achillis, and plantar fascia of the left foot. Wounds healed by the first intention, and a complete reduction was accomplished on the thirteenth day from the operation. In consequence of his being allowed too much exercise in standing and creeping about his apartment, the foot, on the fifteenth day, was attacked with an erysipelatous inflammation involving the whole leg to the knee. The apparatus was laid aside, and two weeks treatment was required before the instrument could be reapplied; and then, slight force only could be exerted. From this time its amendment was gradual, though retarded by the inflammation.

On the 8th of December the apparatus was removed and the shoe put on. Since that the patient has not only been able to walk, but to engage in the active exercises of his playmates.

CASE 3.—Eliza Warner, æt. three and a half years, Front Street, had congenital varus of both feet, same variety as Case 2. She had been treated mechanically for more than six months by a German physician of this city. Deep and troublesome eschars were produced by the instrument upon different parts of the feet and legs. No improvement had been effected.

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On the 31*st of January* last, Drs. Stuart, Vattier, Warder, Mendenhall, Carroll, and Thorpe, being present, I divided the tendons of each leg; wounds were healed by the second day; applied apparatus on the third; treatment as in former cases.

February 14*th.* Both feet reduced as represented in cuts 5 and 6.

On the 20th day an inflammatory appearance of both feet; this I could not account for, as a strict dietetic course had been enjoined, the instrument daily removed, and carefully adjusted. Small eschars formed at four different points where the apparatus had made greatest pressure. For some days these sores were irritable and troublesome. By accident I discovered that the kind parents had been in the daily habit of rewarding their child's abstemiousness with a liberal supply of strong beer. This stimulus being proscribed the sores healed rapidly. The feet now exhibit a natural appearance, and shew no tendency to return to their original deformity.

CASE 4.—Sarah, infant daughter of Mr. C., Eighth Street, had congenital varus of both feet, same variety as last case. Commenced their reduction by adhesive plaster dressings, when only ten days old; removed dressing every four or five days for two months, when the feet were brought to a natural position. Had the parents consented to a division of the tendons, much trouble and time would have been saved in effecting a cure.

CASE 5.—Wm. Zhan, aged six months, Linn Street, had congenital varus of left foot.

February 16*th.* Divided the tendon; wound healed readily.

19*th.* Applied apparatus.

24*th.* The eighth day after operation the foot reduced.

March 24*th.* The foot now is as natural in its form as its fellow.

Not the slightest abrasion was produced in the treatment of this case.

Other cases, like those related, as well as of the first and second varieties of varus and valgus, successfully treated, both by operation and mechanical means alone, might be adduced were it not the purpose of the writer to be brief. The result, however, of some cases now under treatment, together with a description of the writer's reducing apparatus, will be communicated in another paper.

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Mechanical force without tenotomy, except in slight deformities, or very young subjects, cannot be depended upon with any hope of success; but the surgeon, who divides the tendons in a severe deformity of club-foot, depending upon the antagonist muscles to restore the limb to a normal position, or entrusts the after treatment to an unskillful nurse, and deficient apparatus, does the profession as much discredit as the "machine surgeon," who by mechanical tortures, produces sloughings, eschars, or tetanus. Proper mechanical power and an untiring, unremitting after-treatment, are indispensable to the success of orthopœdic surgery.

ART. 14.—*Arteriotomy of the Temporal Artery followed by Aneurism, and the means of Prevention.* By VICTOR J. FOURGEAUD, M. D., of St. Louis, Mo.

MOST authors are silent respecting the accidents by which arteriotomy may be followed. Samuel Cooper in his Dictionary of Surgery, says:—"That an aneurism is sometimes formed where the artery has been cut." Jules Cloquet, in directing the attention of practitioners to this subject, remarks, "that a patient entered *La Pitie*, whose temporal artery had been opened in two places by Beclard, and at both places aneurismal tumors had been formed, which attained the size of a small hazel nut; and after remaining some time in that state, gradually disappeared, without any treatment being employed against them."

Knowing of no authors who indicate the cause, and the means of prevention of these aneurisms, I send you the following observation, hoping that it may, in some degree, elucidate the subject.

On the 20th of March last, I practiced arteriotomy on the temporal artery of Madame · · · · , whom I had been attending for a Cephalagia, which had resisted most of the other means indicated.—I made an entire division of the artery, and, after drawing a sufficient quantity of blood, applied the proper bandage. As this gave immediate and perfect relief, I did not call again for two days. To my great astonishment, I found an aneurism nearly an inch in diameter, where the artery had been severed. I was informed that Ma-

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dame . . . . , finding herself better, had removed the bandage the preceding day. I saw her again on the 24th. The aneurismal tumor had augmented in volume. I replaced the bandage and compress; forty-eight hours after, the aneurism had entirely disappeared. The bandage was worn several days after, in order to ensure a perfect cure.

This case induces me to believe, that when arteriotomy of the temporal artery, properly practiced, is followed by aneurism, it is because the bandage is not kept on for a sufficient length of time. The cause indicates the remedy, and the means of prevention.

15. *Effusion within the Joints, treated with Nitrate of Silver.*—Dr. Moritz, of Coblentz, applies the argentum nitratum over the joints affected, in two different modes, either drawing the substance across the moistened surface at intervals of about a quarter of an inch apart, or laying on with a pencil-brush, a solution of the strength of one part of the nitrate to eight or ten of distilled water. In either case the epidermis of the skin so touched rises in blisters, containing a lymphatic fluid; this is soon dissipated, and after the scaling off of the dried crust the joint is seen to be obviously diminished in size. This treatment is repeated till the joint is reduced to its natural proportion, or as long as may be deemed proper. M. Moritz affirms that the operation is effected with little pain or irritation of the part affected, and that in more than twenty cases he has obtained in a very short time the most complete cure of effusions of the most obstinate nature, and which had resisted all previous methods of treatment. He says, moreover, that the employment of the nitrate is applicable whatever may have originated the effusion, whether rheumatism, scrofula, gout, wounds of the joints, or any other probable cause.—[Braith. Ret., from Medic. Zeitung.

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MIDWIFERY.

ART. 16.—*A Case of Difficult Labor.*—[The following interesting case is extracted from Dr. Burwell's Paper on Statistics and Cases of Midwifery, published in the April No. of the Am. Jour. of the Med. Sci.]

THE fourth case was of exceeding interest. The patient was a stout healthy Irish woman, twenty-five years of age, in labor for the first time. The first pains commenced at nine A. M., of March 1. At six A. M. March 2, the os uteri had dilated to the size of a dollar, and the feet of a child felt. At ten A. M. the feet were found in the vagina in the fourth position; (toes presenting to the left acetabulum;) the membranes strong and unruptured; the pains had become expulsive only during the last hour. At one P. M. the waters came away, and were shortly followed by the feet. By pressure on the left hip while labor progressed, the position was changed into the second position, and in which position the pelvis and body were expelled as far as the cord, which pulsated freely. This was at two P. M. The pains now suddenly ceased; after a short delay ergot was given and repeated without effect; no contractions of the uterus followed; the child's head above the superior strait. The uterus as felt through the abdominal parietes was tense and hard. Eight ounces of blood were next drawn from the arm, but the pulse falling during its abstraction from 85 to 75, the arm was tied up. The pulsations of the cord getting more feeble, traction was made without effect, and all pulsation of the cord soon ceased; the child died. Its body so completely occupied the cavity of the pelvis that no satisfactory examination could be made. The abdomen and thorax were therefore eviscerated, and on introducing the hand, the neck was found bent backwards, strongly to the right side above the superior strait, and its chin not to be felt, while upon its neck and beneath its chin rested the occiput of a second child, occupying the left iliac cavity with its body bent to the right side of the uterus, which was strongly contracted upon its contents.

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The attending accoucher and Prof. Hodge were now (five P. M.) sent for. The mother was pretty comfortable; her pulse 97, full and regular. The gentlemen arrived at 8½ P. M., and Prof. Hodge took charge of the case. He verified the diagnosis previously made. After repeated and careful examination by auscultation to ascertain the life of the second child, it was determined that it was dead. Its head was then perforated, and brought into the hollow of the sacrum. This allowed the footling to be brought down and detruncated. The second child was now delivered by the forceps, and afterwards the head of the first child. The instrumental delivery occupied two hours. In fifteen minutes the placenta came away without hemorrhage. Fifty drops of laudanum were given to the patient, who was considerably exhausted; her pulse 100, and smaller than before. The perineum was slightly ruptured early in the labor, and suffered no increase by the use of instruments.

Art. 17.—*New method of compressing the Aorta in uterine hemorrhage.*—This method, proposed by Dr. Guillon of Cozes, consists in compressing the aorta against the bodies of the lumbar vertebra, with the hand introduced into the uterus. The pulsation of the vessel is readily felt by the hand in the uterus, through the posterior parietes of that organ, and compression readily accomplished. Dr. G. thinks this method has many advantages over compression through the abdominal parietes. It is, of course, applicable to those hemorrhages which occur after abortions in the latter months of pregnancy, or after delivery at term.—[Am. Jour. Med. Sci., from Gaz. Med. de Paris, Sept. 1843.

Art. 18. *On the Ammoniacal Solution of Ergot of Rye.* By W. R. Gore, M. D.—*Mode of Preparation.*—Into half a pint of aromatic spirits of ammonia, I put four ounces of fresh ergot of rye, bruised coarsely. I allow this to stand for a month, frequently stirring the ingredient with a glass rod in the fluid; after which I squeeze every drop of the spirit out of the rye. The "ammoniacal solution" thus made, has a fine dark color, and looks inspissated. In

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a glass stoppered bottle it may be preserved for any length of time without deterioration of power. The solution contains all the principles of the rye in a convenient form, and increased efficacy, the ammonia causing the ergot to act more rapidly, and with greater certainty. I administer 30 drops of it in a wine-glass of cold water, every ten minutes, until the action required is sufficiently developed, applying gentle pressure with the flat of the hand to the abdomen, when the pains are present. Three such doses have in the majority of cases which came under my observation, proved sufficient; but circumstances will now and then alter the requirements, as in other branches of medical practice in respect to various remedies.—[Braith. Ret., from Medical Times, Nov. 2, 1842, p. 92.

ART. 19.— *Vaginal Hysterotomy and Criminal Abortion.*— The last number of the New York Journal of Medicine contains an account of a case in which Vaginal Hysterotomy was performed on a woman during labor, by Professor Bedford, successfully for both mother and child. The woman had borne two children previously, at full term, without difficulty, and the operation appears to have been rendered necessary in this instance in consequence of injuries done to the parts, by means employed to effect abortion, at an early stage of her pregnancy. From the account given to her medical attendants by the woman, she had *miscarried five times* previously, in consequence of drugs administered to her for the purpose, by a notorious woman calling herself "Madame Restell." About six weeks after becoming pregnant again, she called on the same "Madame," who on learning her situation, gave her some powders with directions for use; these powders did not appear to produce the desired effect. She returned again to this woman, and asked her if there was no other way to make her miscarry. "Yes," says Madame Restell, "I can probe you; but I must have my price for this operation." "What do you probe with?" "A piece of whale-bone." "Well," thought the patient, but without expressing it, "I cannot afford to pay your price, and I will probe myself." She returned home and used the whale-bone several times; it produced considerable pain, followed by

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a discharge of blood.—Hence the injuries, and the operation referred to. From common report, this "Madame Restell" has been driving a brisk business in her line in New York, and from her advertisements it would seem with the greatest audacity. For a long time she contrived to escape the hands of justice; but from the exposition of her conduct by Professor Bedford in the present case, there is reason to hope she will yet reap her reward. Indeed, we learn from the New York papers that the Grand Jury has already presented her to the Court, so that she will very shortly have an opportunity of proving her innocence—*if she can.* From the newspapers it also appears that several other persons have recently been convicted in that city, for similar offences. In Philadelphia, no one has been convicted of that species of murder since Chauncey: one, however, against whom a bill was found by the Grand Jury, some months ago, escaped without trial,—nobody knows how!—[Medical Examiner.

ANATOMY AND PHYSIOLOGY.

ART. 20.—*Blood in the Brain.* [It has always appeared to us to involve a singular absurdity, to suppose, that the circulation in the brain could neither be increased nor diminished in quantity. The following details present this doctrine in its true aspect.]

Dr. George Burrows having repeated the experiments of Dr. Kellie and performed others has shown, in opposition to the opinions commonly entertained, 1st, that the brains of animals bled to death are deprived of their blood, and rendered pale and anæmic; 2, that the quantity of blood in the head is greatly affected by posture and gravitation; 3, that in death by apnœa there is intense congestion of the cerebral vessels. And from these facts and from several considerations he deduces that the opinion that the quantity of blood within the cranium is at all times the same is untrue. Admitting that the total contents of the cranium must be at all times nearly the same, the cerebro-spinal fluid is rapidly removable from one site to another, and capable of being altogether removed by absorption; so that this fluid may be regarded as supplemental to the other con-

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tents of the cranium — at one time giving place to the increased quantity of blood, at another making up for the deficiency of blood in the vessels and in the same manner varying according to the actual quantity of nervous substance. — [Amer. Jour. Med. Sci., from Paget's Report on the Progress of Anatomy in Brit. and For. Med. Rev., Jan. 1844.

ART. 21. — *On the Nerves of the Uterus.* By R. D. GRAINGER, Esq. I have derived great pleasure from examining the dissections of the uterine, vaginal, and vesical nerves, made by Dr. Lee.

The trunk and branches of the sympathetic nerve being left, as well as the trunks of some of the sacral nerves, afford a satisfactory clue in the examination. The injection of the bloodvessels affords a further and valuable aid in testing what are, and what are not, nervous fibrils.

After carefully inspecting and examining these beautiful dissections, I have no hesitation in expressing my conviction that they bear out fully and entirely the delineations and descriptions published by Dr. Lee.

1. These preparations show an unequivocal continuity of fibres proceeding from undisputed nervous structures, the sympathetic and sacral nerves, to the newly discovered ganglia of the uterus, vagina, and ureter.

2. The nervous branches of the newly discovered ganglia join in various directions with acknowledged nerves, such as those of the inferior mesenteric plexus furnishing the hemorrhoidal nerves, and with the spermatic nerves descending on the uterus from the folds of the broad ligaments.

3. The occurrence of small ganglia and gangliform enlargements, or the newly discovered nerves, are very characteristic, and corroborative of their real nature.

4. The nerves are accompanied by injected bloodvessels in a manner not seen in elastic tissue, though usual with the ganglionic nerves.

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5. The ganglia discovered by Dr. Lee for the most part present in their form and disposition, and in the openings they possess, a perfect and entire correspondence with the larger ganglia of the sympathetic.

After the examination I have made, it certainly appears to me impossible for any one to arrive at a just conclusion respecting the true character of Dr. Lee's description without a careful inspection of his preparations.

It is proper to add, I have not yet had an opportunity of making a microscopical examination. — [Bulletin Medical Science, from Medical Gazette.

MATERIA MEDICA AND PHARMACY.

ART. 22. — *Formula for fluid extract of Senna.* — Take fifteen pounds avoirdupois of Tinnevelly senna, and exhaust it with boiling water by displacement; about four times its weight of water is sufficient. Concentrate the infusion in vacuo to ten pounds; dissolve in the product six pounds of treacle previously concentrated over the vapor-bath, till a little of it becomes nearly dry on cooling; add twenty-four fluid ounces of rectified spirit (dens. .835); and, if necessary, add water to make fifteen (16 oz) pints — the object being that the preparation shall be of such strength that every fluid ounce shall correspond to one avoirdupois ounce of senna. Mr. Duncan of Edinburgh, generally makes eighty pounds of senna into this extract in one operation. The number given are those by which he worked in the first instance. The dose is two drachms for an adult; it very rarely causes griping. It tastes precisely like treacle, and the absence of disagreeable taste is owing to the fact that pure senna has but a feeble mawkish taste, which treacle easily covers. — [Am Jour of the Med Sci, from Pharmaceutical Journal.

ART. 23. — *New Preparation of Quinine.* — Dr. Kingdon, of Exeter, having felt the utility in practice of quinine as a tonic, in cases in which a stimulus to the absorbents also was indicated, has

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recently succeeded in combining the qualities of these two classes of medicines in an iodide and biniodide of quinia. His iodide of quinine is formed by dissolving equal weights of the disulphate of quinine and iodide of potassium in boiling distilled water, and allowing the mixture to cool, when beautiful fasciculi of needle-shaped crystals are deposited, insoluble in cold water, but soluble in alcohol. The biniodide of quinine is prepared by mixing twice the weight of iodide of potassium with the disulphate of quinine in boiling distilled water, evaporating to one-third in a sand-bath, and allowing the residium to cool, when aresinous substance is deposited of a light straw color, which, by exposure to the air, becomes darker and of a greenish hue, not crystallizable, sparingly soluble in cold water, soluble in boiling water, readily soluble in alcohol, and then not precipitated when mixed with water. This preparation he has given in several cases of scrofulous enlargement of the glands with very great benefit. In the case of a child, between three and four years of age, when the glands of the neck were in a state of suppuration, half a grain twice a day was given, and at the end of six weeks the swellings were entirely removed, and the general health much improved.—[Amer Jour Med Sci, from Med. Times, July 29, 1843.

ART. 24.—*Indian Hemp.* [The following remarks are extracted chiefly from Dr. O'Shaughnessy's account of Indian Hemp—the botanical description is by Augustin Duhamel, read at the Pharmaceutical meeting, Nov. 1843.]

Cannabis Indica—Indian Hemp.—Botanical Description.—Cannabis Sativa. Lindley's Flora Medica, p. 299. This plant, considered identical with the *Indica*, is dioicious, annual, about three feet high, covered over with a fine pubescence: stem erect, branched, bright-green, angular: leaves, alternate or opposite, on long weak petioles; digitate, scabrous, with linear, lanceolate, sharply serrated leaflets, tapering into a long smooth entire point; stipules subulate; clusters of flowers axillary with subulate bractes; males lax and drooping, branched and leafless at base; females erect, simple and leafy at the base. Calyx downy, five-parted, imbri-

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cated; stamens five; anthers large and pendulous. Calyx covered with brown glands. Ovary roundish, with pendulous ovule and two long filiform glandular stigmas; achenium ovate, one seeded. The fibres of the stems are long and extremely tenacious, so as to afford the best tissue for cordage. The seed is simply albuminous and oily, without narcotic properties. * * *

"The narcotic effects of hemp are popularly known in the south of Africa, South America, Turkey, Egypt, Asia Minor, India, and the adjacent territories of the Malays, Burmese, and Siamese. In all these countries hemp is used in various forms, by the dissipated and depraved, as the ready agent of a pleasing intoxication. In the popular medicine of these nations we find it extensively employed for a multitude of affections. But in western Europe its use either as a stimulant or as a remedy is equally unknown. * * * Much difference of opinion exists on the question, whether the hemp so abundant in Europe, even in high northern latitudes, is identical in specific characters with the hemp of Asia Minor and India. The extraordinary symptoms produced by the latter depend on a resinous secretion with which it abounds, and which seems totally absent in the European kind. The closest physical resemblance or even identity exists between both plants; difference of climate seems to be more than sufficient to account for the absence of the resinous secretion and consequent want of narcotic power in that indigenous in colder countries." * * * *

Popular Uses.—The preparations of hemp are used for the purpose of intoxication, as follows: *Sidhee*, *Subjee*, and *Bang* (synonymous) are used with water as a drink, which is thus prepared. About three tola weight, 540 troy grains, are well washed with cold water, then rubbed to powder, mixed with black pepper, cucumber and melon seeds, sugar, half a pint of milk, and an equal quantity of water. This is considered sufficient to intoxicate an habituated person. Half the quantity is enough for a novice. From either of these beverages intoxication will ensue in half an hour. Almost invariably the inebriation is of the most cheerful kind, causing the person to sing and dance, to eat food with great relish, and to seek aphrodisiac enjoyments. In persons of a quarrelsome disposition it

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occasions, as might be expected, an exasperation of their natural tendency. The intoxication lasts about three hours, when sleep supervenes. No nausea or sickness of stomach succeeds, nor are the bowels at all affected; next day there is slight giddiness and vascularity of the eyes, but no other symptom worth recording.

Gunjah is used for smoking alone, one rupee weight, 180 grains, and a little dried tobacco are rubbed together in the palm of the hand with a few drops of water. This suffices for three persons. A little tobacco is placed in the pipe first, then a layer of the prepared *gunjah*, then more tobacco, and the fire above all. * *

"The *resinous extract* is prepared by boiling the rich adhesive tops of the dried *gunjah* in spirit (sp. gr. 835,) until all the resin is dissolved. The tincture thus obtained is evaporated to dryness in a vessel placed over a pot of boiling water. The extract softens at a gentle heat, and can be made into pills without any addition.

The *tincture* is prepared by dissolving three grains of the extract in one drachm of proof spirit.

"*Doses, etc.*—In *tetanus* a drachm of the tincture every half hour until the paroxysms cease or catalepsy is induced. In *hydrophobia* I would recommend the resin in soft pills, to the extent of ten to twenty grains to be chewed by the patient, and repeated according to the effect. In *cholera* ten drops of the tincture every half hour will be often found to check the vomiting and purging, and bring back warmth to the surface. My experience would lead me to prefer *small* doses of the remedy in order to excite rather than narcotize the patient." * * * *

Hydrophobia.—This was an undoubted case of the disease and was full-formed before the remedy was given. The results are certainly most cheering, although death was not averted.

"By his own desire water was brought in a metallic vessel, which he grasped and brought near his lips; never can I forget the indescribable horrors of the paroxysm which ensued. It abated in about three minutes, and morbid thirst still goading the unhappy man, he besought his servant to apply a moistened cloth to his lips. Intelligent and brave, he determinately awaited the contact of the cloth, and for a few seconds, though in appalling agony, permitted some drops to

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trickle on his tongue, but then ensued a second struggle, which with a due share of the callousness of my profession, I could not stand by to contemplate. Two grains of hemp resin were ordered every hour; after the third dose he stated that he felt commencing intoxication; he now chatted cheerfully on his case, and displayed great intelligence and experience in the treatment of the very disease with which he was visited. He talked calmly of drinking, but said it was in vain to try, but he could suck an orange; this was brought to him, and he succeeded in swallowing the juice without any difficulty. The hemp was continued till the sixth dose, when he fell asleep and had some hours' rest. Early the ensuing morning, however, Mr. Siddons, my assistent was called up to him, and found him in a state of tumultuous agony and excitement. The hemp was again repeated, and again by the third dose the cheering alleviation of the previous day was witnessed. He ate a piece of sugar cane and again swallowed the juice; he partook freely of some moistened rice, and permitted a purgative enema to be administered. His pulse was nearly natural, the skin natural in every respect. His countenance was happy.

"Four days thus passed away, the doses of hemp being continued. When he fell asleep, on waking the paroxysms returned, but were again almost immediately assuaded as at first. Meanwhile purgative enemata were employed, and he partook freely of solid food, and once drank water without the least suffering. But about 3 P. M., of the fifth day he sunk into profound stupor, the breathing slightly stertorous; and in this state he continued, and without further struggle death terminated his sufferings at 4 A. M. on the 27th of Nov." * *

Tetanus.—Several cases of the traumatic kind are recorded, which cannot fail to excite the highest expectations of the power of this remedy in this generally fatal disease.

In the first case, the disease supervened on dysentery from the action of a native moxa. Symptoms of tetanus occurred on the 24th Dec., and were well marked on the 26th, when (the case being considered hopeless) hemp was administered, at first in doses of two grains every third hour, afterwards of three grains every second hour. The usual intoxicating effects were produced, and the spasms were

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speedily mitigated, and at length finally ceased on the 6th Jan. The dysentery, however, proved fatal on the 23d.

"The *second case* was that of Chunoo Syce, in whom tetanus supervened on the 11th December, after an injury from the kick of a horse. After an ineffectual trial of turpentine and castor oil in large doses, two-grain doses of hemp resin, were given on the 26th of Nov. He consumed in all 134 grains of the resin, and left the hospital cured on the 28th December."

Third Case.—Huroo, a female, æt. 25, admitted to the Native Hospital on the 16th December, had tetanus for the three previous days, the sequel of a cut in the left elbow received a fortnight before. Symptoms violent on admission. Turpentine and castor oil given repeatedly without effect; on the 16th and 17th three grains of hemp resin were given at bed-time. On the morning of the 18th she was found in a state of complete catalepsy, and remained so until evening, when she became sensible, and a tetanic paroxysm recurred. Hemp resumed, and continued in two-grain dose every fourth hour. From this time till the third hour tetanic symptoms returned. She subsequently took a grain twice daily till the 8th of February, when she left the hospital apparently quite well.

Mr. O'Brien has since used the hemp resin in five cases, of which four were admitted in a perfectly hopeless state. He employed the remedy in *ten-grain doses* dissolved in spirit. The effect he describes as almost immediate relaxation of the muscles and interruption of the convulsive tendency. Of Mr. O'Brien's seven cases four have recovered.

In the Police Hospital of Calcutta, the late Dr. Bain has used the remedy in three cases of traumatic tetanus, of these, one has died and two recovered.

A very remarkable case has recently occurred in the practice of my cousin, Mr. Richard O'Shaughnessy. The patient was a Jew, æt. 30, attacked with tetanus during the progress of a sloughing sore of the scrotum, the sequel of a neglected hydrocele. Three-grain doses were used every second hour, with the effect of inducing intoxication and suspending the symptoms. The patient has recovered perfectly, and now enjoys excellent health.

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MEDICAL JURISPRUDENCE AND TOXICOLOGY.

ART. 25.—*Professional Confidence.*—The following case has attracted some attention in France. In December, 1842, Dr. Mallet, of La Rochelle, delivered a lady, who had placed herself under his care on the condition of secrecy. The laws of France require the registration of a birth at the mayoralty of the parish in which the child is born within three days of the delivery, under the terror of a severe penalty for the omission. Dr. Mallet accordingly presented the child on the second day, to the registrar of the town, merely giving the date, the place of birth, and some names, under which the child was inscribed. He was summoned, however, to give in also the name of the *mother*, but this he refused to present, on the plea that it had been entrusted to him under a promise of secrecy, and that Art. 378 of the Penal Code decrees "that all medical men, or midwives, who reveal secrets which have been entrusted to them in the professional capacity, shall be punished." The civil authorities of Rochelle brought an action against him on the ground that the declaration of the birth of the child was legally imperative on the accoucheur, and such other person or persons as were present at the delivery. But the Tribunal of Saintes, before which the case was brought, acquitted Dr. Mallet, on the ground that by presenting the child at the register office, accompanied by two witnesses, he had satisfied the exigencies of the law, and that he was really warranted in refusing to name the mother, by the article of the code just quoted, which enjoins secrecy when such secrecy *does not threaten or endanger the security of the public.*

The attorney-general of Saintes was not satisfied with this decision, and appealed to the Court of Cassation at Paris. But that court, after a lengthened debate, confirmed the decision of the provincial tribunal, and on similar grounds. *Lancet*, Oct. 7, 1843.

In the State of New York we have the following law:—"No person duly authorized to practice physic and surgery, shall be

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allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."—[Amer. Jour. Med. Sci. T. R. B.

ART. 26.—*Hydrated Proto-sulphuret of Iron as an Antidote to Corrosive Sublimate.* By M. MIALHE.—I have discovered from experiments that hydrated proto-sulphuret of iron, a perfectly inert substance, instantly decomposes corrosive sublimate; protochloride of iron and bisulphuret of mercury, two inert substances, are formed, from which valuable property I am induced to designate this sulphuret of iron as the best antidote to the violent poison alluded to. I intend shortly to publish the details of my chemical and physiological investigations on this subject, but the following chemico-physiological fact may be stated as a strong evidence of the efficacy of this antidote. When a small quantity of bichloride of mercury is taken into the mouth, there is speedily experienced an insupportable and characteristic metallic taste. If now, the mouth be gargled with the hydrated sulphuret, in a thick state, such as it should always be used in, the mercurial taste is removed as if by enchantment. This fact requires no comment; it speaks sufficiently for itself, without further explanation. The antidote I am now recommending is not limited in its effects to the mercurial salts; it is equally useful in counteracting the deleterious operation of several other metallic salts, especially those of copper and of lead.

The following is the mode of preparing the hydrated protosulphuret of iron. Dissolve any quantity of pure protosulphate of iron in at least twenty times its weight of distilled water, deprived of air by boiling, and precipitate the iron with a sufficient quantity of sulphuret of sodium, dissolved also in distilled water, deprived of air. Wash the protosulphuret thus obtained with distilled water, and preserve it in stoppered bottles, filled with boiled distilled water.

Although the preparation of this sulphuret of iron is very simple, and may be effected in a few minutes, yet it would be desirable to

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keep it always prepared, that no time may be unnecessarily lost in any case of poisoning.

The precaution of preserving this sulphuret out of contact of the air, must be strictly observed, as it has a great tendency to pass into the state of sulphate.—[Braithwaite's Ret., from Journal de Pharmacie, from Pharmaceutical Journal, Dec., 1842, p. 411.

Art. 27.—*Pregnancy without the Usual Signs, and Parturition without Labor Pains.* By T. W. Lewis, Esq., Liverpool. The case was that of a lady, aged 41, who had noticed an enlargement of abdomen for six or seven months. She felt certain she was not pregnant, because she had not experienced symptoms similar to those of her first pregnancy. Catamenia appeared last, eight or nine months ago. External examination not proving satisfactory, examination *per vaginam* was made, which disclosed the nature of the case. The os uteri was dilated to the size of a shilling, the neck entirely expanded, and the membranes and child's head could be felt. Though informed she was pregnant, she was sceptical, and made no preparation for the event.

On January 5th the author was sent for, and found the child born before his arrival; the funis was ruptured about four inches from the umbilicus. It appears the lady had suffered from diarrhœa for two days previous. At one o'clock, A. M., she awoke, she says, with griping pains in her belly; these continued until six, when she got out of bed for ease. She walked into an adjoining room, and, bending herself, rested her hands on the table. Suddenly the waters broke, and the child was expelled, and fell on the floor. She states positively she had no pain in the loins, nor bearing-down pains, previous to the expulsion of the child. The author considers the following facts established by the case:—

1. That pregnancy may occur, and nearly reach its termination, without many of the ordinary signs.

2. That the uterus may contract, like other hollow muscular organs, without the consciousness of the mother.

3. That rupture of the funis is attended with little or no bleeding.

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The practical doctrine he infers from it is, that in case of illegitimate births occurring suddenly, and where the child is found dead, the circumstances should be of a very decided character before the guilt of infanticide be fixed on the mother. — [Braithwaite's Ret., from London and Edin. Monthly Jour. of Med. Sci., July 1842, p. 610.

ART. 28.— *Cold affusion in poisoning by Prussic Acid.*—Additional proofs of its utility. M. Louyet, Professor of Chemistry at Brussels, makes the following statement. It is now several months since I noticed the following extract from an English journal. At a meeting of English chemists, held at Sunderland, Dr. Robinson made the following experiment in the presence of his colleagues. He took two rabbits, and poured on the tongues of each four drops of prussic acid. The effect was instantaneous. They fell down apparently dead. He now applied the antidote. Cold water, containing a mixture of saltpetre and common salt, was poured on their heads and along the spine. The rabbits were instantly resuscitated, and in a few minutes hopped about with their usual briskness.

This result was so remarkable, that M. Louyet was desirous of verifying its perfect accuracy, and therefore repeated the experiment as follows. He introduced, by means of a tube, into the mouth of a young and healthy rabbit, two drops of a mixture, consisting of pure prussic acid recently prepared one part, and alcohol four parts. When the poison reached the mouth, the animal fell as if struck with lightning, and did not revive. The same application was then made to another, and as soon as the poison was introduced, a solution of common salt cooled down to 15° below zero, was poured over its head and back. In a few minutes the animal was perfectly restored. It thus appears that *very cold water* is an admirable means of restoring the power of the muscles, when it has been destroyed by the poison. [American Jour. Med. Sci., from Bulletin de L'Academie Royale de Bruxelles. T. R. B.

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BIBLIOGRAPHICAL NOTICES.

ART. 29.—*The Cyclopædia of Practical Medicine.* Edited by JOHN FORBES, M. D., ALEXANDER TWEEDIE, M. D., and JOHN CONOLLY, M. D.; Revised, with additions, by *Robley Dunglison, M. D.* Philadelphia: Lea & Blanchard—1844.

We have received Part First of this well-known and highly valuable work, which is now being issued from the press of Messrs Lea & Blanchard. It will be published in twenty-four semi-monthly parts, the whole to be completed within the present year; and will make in the aggregate, four large super-royal octavo volumes, embracing over three thousand pages.

The Cyclopædia of Practical Medicine consists of original essays on all the subjects connected with the practice of medicine; the list of contributors embraces the names of many of the most distinguished physicians of Great Britain, Ireland and Scotland; and there can be no doubt that the present state of practical medicine is more faithfully, and extensively represented in this than any other work extant. Professor Dunglison will add new matter, and rearrange the work in a more systematic form than that in which it originally appeared. No physician in the United States is better qualified to accomplish this important task, than Professor Dunglison, and his name is a sufficient guaranty that it will be faithfully performed. The Cyclopædia of Practical Medicine is destined to obtain a wide circulation in this country, and no physician can consider his library complete without this work being added to it. The advantages of a system made up of separate essays, by the most able men, each one writing on that branch to which he has devoted especial attention, will impress all with a belief, that it is more full, accurate, and complete, than when treated by one writer, and in conjunction with numerous other subjects. Such is emphatically the case with the Cyclopædia; and as a faithful digest of the whole subject of practical medicine, to which has been added numerous articles on the diseases of women and

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children, and medical jurisprudence, it is unequalled in the English language.

It may be obtained in this city, at the Book Store of Messrs. Desilver & Burr, at fifty cents per number.

ART. 30.—*A Practical Treatise on Midwifery.* By M. CHAILLY, Doctor of Medicine, and ex-chief of the Obstetric Clinique of Paris, Professor of Midwifery, Member of the Society of Medical Emulation, etc. Illustrated with 216 Woodcuts. A work adopted by the Royal Council of public Instruction. Translated from the French, and edited by GUNNING S. BEDFORD, A. M., M. D., Professor of Midwifery and the diseases of Women and Children in the University of New York. New York: Harper & Brothers, 82 Cliff Street—1844. pp. 530.

FROM a hasty examination of this work, we are of opinion that it embraces a valuable system. We fully agree with the distinguished editor, that midwifery is essentially a practical branch. There is no department of medicine in which speculations are more fraught with danger than in that of obstetrics; plain, practical facts are the basis of this art, and he who becomes bewildered in the labyrinths of speculation, will learn too late his fatal error. The work before us is essentially practical, and, therefore, it bears no affinity to the dangerous mysticisms alluded to above. The following extract from the Editor's preface will show, that he has not brought the work forward without fully understanding its merits:

"I have been induced to translate and edit Dr. Chailly's Treatise on Midwifery from a conviction of its great practical value. The encomiums which have been passed upon this work by some of the best European Journals, and the high character of Paul Dubois, whose instructions and experience it embodies, will, I am sure, secure for it a favorable reception on this side of the Atlantic. To all Americans who have visited the Parisian schools, the name of Paul Dubois must be familiar; he is at this day the oracle of French Midwifery, and Dr. Chailly has, in this treatise, presented the reader with a faith-

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ful and graphic view of the opinions of this accomplished obstetrician." A late work, embodying the opinions of the most distinguished French obstetricians, cannot but prove useful to the American practitioner; and no system can be obtained that will accomplish this object more satisfactorily than that of M. Chailly, arranged and commented on, as it is, by so distinguished an accoucher as Professor Bedford.—We have seldom seen a more comprehensive treatise than the present; it embraces almost every subject connected with Midwifery, and as it is measurably free from speculative controversies, it contains a larger amount of actual instruction than is to be generally found in an equal number of pages. It contains 216 wood cuts, which illustrate most of the subjects discussed: In view of the high source from which this work emanates, and its strictly practical character, we have no hesitation in saying that it will be read with interest and profit by the American practitioner. For sale at the Methodist Book Room.

ART. 31.—*A Treatise on the Nature, Causes, and Treatment of Erysipelas.* By THOMAS NUNNELLY, Lecturer on Anatomy, Physiology, and Pathology, in the Leeds School of Medicine, etc. Philadelphia: Ed. Barrington & Geo. D. Haswell—1844. pp. 235.

THIS work is reprinted in the *Select Medical Library*, and appearing at the present moment, when erysipelas has extended so widely over our country, it will be regarded by practitioners as a valuable assistant. As remarked by the author in the preface, it is a singular fact, that heretofore no separate treatise has appeared on the subject of erysipelas. The disease often prevailing as an epidemic, and generally assuming a grave character, it unquestionably deserves more attention than diseases to which ponderous volumes have been devoted.

We have not space to enter into the author's doctrines illustrating the nature of erysipelas; and, indeed, this is wholly unnecessary, as nothing short of a perusal of the entire book will do justice to the author or the reader. The *causes* of erysipelas are divided into two classes; the first pertains to the individual himself, and the second, to causes by which he is surrounded, such as the state of the atmos-

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phere, and the locality in which he is placed. The first gives rise to sporadic cases, and the second to epidemics. The author fully admits the contagious character of the disease, when once originated, and brings forward many strong points to sustain this view.

Dr. Nunnelly divides erysipelas into two genera, the *internal* and the *external*. The *internal* is divided into three species; first, when the serous membranes are attacked; second, the affection of the mucous membranes; and third, the implication of the veins and absorbents — the last forming two varieties. *External* erysipelas has three species; first, the cutaneous, principally affecting the integuments; second, the cellulo-cutaneous, which involves both the skin and sub-cutaneous cellular tissue; third, the cellular, which is principally seated in the subcutaneous cellular tissue, and occasionally affecting that beneath the fascia.

The *treatment* is divided into two classes; first, *general*, and second, *local* treatment. Of the general remedies, bleeding stands first. After passing under review the opinions of writers, the author comes to the conclusion, "that erysipelas is not one of those disorders for the cure of which venesection should form a prominent part of the treatment." The judicious and discriminating practitioner will have no difficulty in placing a proper estimate upon this conclusion. Practicing as Dr. Nunnelly did in Europe, and drawing his conclusions from crowded hospitals and hospital ships, and treating, too, constitutions already depraved, it is not surprising that depletion should find but little favor. And further, this question is not to be determined even by these powerfully modifying collateral circumstances; but we must bear in mind that different epidemics demand opposite modes of treatment — one requiring depletion and the other stimulation.

In the treatment of erysipelas, as it appeared in Indiana, detailed by Dr. Sutton in the *Western Lancet*, Vol. II, p. 308, a strictly antiphlogistic course was adopted, and venesection was often highly beneficial. These facts should admonish us against adopting exclusive views on treatment.

The author is opposed, and on rational grounds, to the administration of stimulants in an early stage of the disease, but supposes they

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may be required at a more advanced period. The author speaks favorably of the use of emetics; and in this we fully concur, believing that they constitute one of the most important classes of agents in the management of this affection. Purgatives are considered by the author among the most useful remedies in erysipelas; a combination of calomel, with neutral salts, infusion of senna, colchicum, or tartarized antimony, are recommended as the most useful. Various other adjuvants, of a general character, are recommended, for a knowledge of which we must refer to the book.

The *local* treatment, the author supposes, of little less importance than the general remedies. Of these great reliance is placed upon the local detraction of blood; four modes of local depletion are named: 1st, cupping; 2nd, by leeches; 3d, by punctures; 4, by incisions. Of these *cupping* is the most objectionable; *leeches* may be used, and the author thinks the objections heretofore urged against leeches in erysipelas are not entirely founded on correct observation, although he does not recommend this as the best mode of local depletion. But of all the means recommended, a decided preference is given to small punctures; incisions are less admissible, or of more doubtful propriety, except in an advanced stage to give exit to fluids or sloughs, but should not be practiced where the skin alone is affected. In addition to these measures, cold lotions, mild stimulants, warm fomentations and poultices, blisters, nitrate of silver, tincture of iodine, bandages, etc., etc.

This hasty sketch will enable our readers to form some idea of the value of the treatise before us. The editor has improved the book by notes and additions. He has incorporated into the body of the work a paper on erysipelas by Dr. Sutton, of Indiana, published in No. 7, Vol. II, of the *Western Lancet*, and a synopsis of papers published in the *Amer. Jour. Med. Science*, by Drs. Hall and Dexter, and in the *Boston Med. and Surg. Jour.* by Dr. Allen. We presume the publishers will place the work before the profession in regular book form, and we doubt not but it will be extensively read. In the mean time, it may be obtained, in the *Select Med. Library*, by applying to the agents in this city, Messrs Desilver & Burr, 112 Main Street.

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ART. 32.—*A Treatise on Protracted Indigestion and its Consequences; being an application to the Practical Department of Medicine of the Results of an Inquiry into the Laws of the Vital Functions, etc.* By A. P. W. PHILIPS, M. D., F. R. S., etc. Philadelphia: Lea & Blanchard—1843. pp. 240.

PRELIMINARY to any remarks on Dr. Philip's production, we will offer the table of contents.

PART I.—On the powers of the more perfect animals, and the relations they bear to each other and to the powers of the inanimate world.

PART II.—The application of the inferences from the investigations on which this treatise is founded, with a view to improve the treatment of disease.

Chap. I.—On the Diseases of the Sanguiferous System.

SEC. I.—On Inflammation.

SEC. II.—On Congestion.

Chap. II.—On the Diseases of the Nervous System.

The last chapter includes diseases of the brain, spinal marrow, liver, and the last section is on certain states of indigestion, and habitual asthma; and this section is dismissed at the end of four pages.

It will be seen from the above table, that Dr. Philip has talked about almost every thing else than protracted indigestion: We think the title page must have been written prior to the book, otherwise the matter in the volume would at least have been on the subject indicated in the title page. The principal part of the work is devoted to diseases of the nervous system, and a very small part directly to protracted indigestion.

The present treatise is not wholly addressed to the profession, but the public are permitted to share in the benefits to be derived from its perusal. Dr. Philip, apparently laboring under an apprehension that his work would not be fully appreciated by the profession, has addressed it likewise to the public, hoping that *they* at least would recognize its merits. He, therefore, advises the patient to call the attention of his physician to this treatise should its doctrines be over-

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looked. Truly a modest position — advising the patient to instruct the Doctor!

A doctrine cherished by Dr. Philip with some degree of pride and tenacity, is, that the nervous principle is identical with electricity. This doctrine has been, and still is, maintained by many; but we believe no point in physiology is susceptible of clearer demonstration than that there is a radical difference between electricity and the nervous principle.

Dr. Philip has undoubtedly signally failed in addressing this work to the public; he has failed because the nature of the investigation is so abstruse, and involves so many disputed points, that it could be fully comprehended only by a reader familiar with all the principles of medical science; and in the second place he has failed, because, there is not sufficient grounds for extending the work beyond the limits of the profession.

Notwithstanding the many objections that can be urged to this book, we have no desire to conceal the fact, that it contains much valuable matter, and will well repay the reader for its perusal. The author possesses a vigorous and philosophical mind, and withal has investigated the subjects under consideration with unusual care, and is therefore able to make many valuable suggestions in physiology, pathology, and practical medicine. Those who have not read the work, we would advise to procure it, and examine its pages attentively.

For sale by Desilver & Burr, 112 Main Street.

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THE WESTERN LANCET.

CINCINNATI, MAY, 1844.

MEDICAL CONVENTION OF OHIO.

This respectable and highly useful association will hold its annual meeting on the fourth Tuesday of May, (28th inst.) in Mount Vernon. The central and pleasant location of Mount Vernon, and the agreeable season for traveling, *and a love for scientific improvements*, will probably ensure a large meeting. We would respectfully urge upon our brethren throughout the State, but more especially those within convenient distances, to avail themselves of this opportunity of interchanging social civilities with each other, and to unite in an effort to elevate the profession by personal and scientific intercourse. The last convention held at Lancaster, was well attended, and the delegates separated, mutually satisfied with each others conduct, and highly gratified at the general result of their deliberations. But notwithstanding the Convention has continued to meet for years, and their beneficial influence has been felt throughout the profession; still, without a determined zeal, and an ardent desire to maintain the past popularity of these meetings, they will soon cease to be effective, and will finally sink into neglect. Such a result we do not anticipate, but it cannot be concealed that such would be the *finale* of these primary meetings, were we to lose our zeal in their support. Slight inconveniences should not prevent our attendance; all physicians feel the loss of absence from business; but while these obstacles are interposing, it must not be forgotten, that the profession is a unit in interests, and that its respectability and success can be secured only by the effective operation, the *esprit du corps*, flowing from the main

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body of the profession, and securing to each the sustaining hand of the other. Every member of the profession is personally interested in maintaining its interests; and if these can in any degree be secured by the deliberations of the Convention, his sacrifices will fall far short of the advantages gained by attendance.

It is, perhaps, unnecessary to anticipate, at this time, the introduction of particular measures for the consideration of the Convention; but it may not be improper to remark, that the legal regulation of practical medicine will be a legitimate subject for action, and will probably be brought up for consideration. We are fully convinced, that a proposition can be made which will meet with the approbation of the people and the Legislature, and which will at the same time leave the empiric without ground to challenge our motives, and still secure to the profession all that could be desired.

We anticipate an unusually interesting meeting, and this expectation will not be disappointed if we properly appreciate our immediate interests. Ohio has now three chartered medical schools, and it is hoped that many of the Professors may be present, that they may, by their examples and instructions, give an impulse to professional zeal that may long be felt. And finally, let us *all* be there, and contribute our portion to the consummation of the great object in view—the elevation of the profession.

Ohio Penitentiary—Physician's Report.—Dr. Trevitt, Physician to the Ohio Penitentiary, submitted a full report of the state of health in the institution for the last year, from which we extract the following particulars.

The amount of sickness during the last year has been unusually large; the whole number of cases amounting to 800. But what is very creditable to the medical attendant is, that this large amount of sickness was attended with a diminished mortality. But twelve deaths occurred during the entire year, and of these six were chronic cases, and a portion of the remaining six sunk from debilitated and broken down constitutions — a circumstance always to be taken into consideration in estimating the mortality in our public institutions.

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The following list will show the character of the diseases:—Anasarca, 1; asthma, 6; bilious colic, 5; bilious fever, 21; burns, 3; chronic diarrhœa, 4; chronic pneumonia, 3; colic, 4; congestive bilious fever, 5; constipation, 8; consumption, 1; contused wound, 10; diarrhœa, 11; diseased kidney, 1; diseased testicle, 3; dysentery, 126; epilepsy, 2; gastritis, 1; gastric irritation, 78; general debility, 8; headache, 9; hemicrania, 2; hemorrhoids, 7; hepatitis, 2; hemoptysis, 2; hernia humoralis, 1; hematuria, 1; diseased spine, 1; erysipelas, 2; intermitting fever, 110; incised wound, 8; insane, 6; irritation of the lungs, 39; influenza, 165; inflammatory fever, 21; inflammatory rheumatism, 1; inflamed fauces, 1; inflamed face, 1; intestinal irritation, 19; indigestion, 2; lacerated wound, 3; menorrhagia, 1; neuralgia, 1; opthalmia, 6; otitis, 2. Deaths occurred from the following diseases:—Disease of the kidneys, 1; chronic pneumonia, 1; consumption, 1; dysentery, 1; inflammation of the lungs and diaphragm, 1; inflammation of the brain, 1; congestive fever, 3; bilious fever, 3.

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New York Hospital.—We have before us the report of this extensive institution for the year 1843. The following are the medical officers of the institution:—*Consulting Physician*, Thomas Cock, M. D.; *Attending Physicians*, F. U. Johnson, M. D., J. M. Smith, M. D., John A. Swett, M. D., John H. Griscom, M. D.; *House Physician*, William W. Jones, M. D.; *Consulting Surgeons*, Valentine Mott, M. D, Alexander H. Stevens, M. D.; *Attending Surgeons*, J. C. Cheesman, M. D., J. Kearney Rodgers, M. D., A. C. Post, M. D., R. H. Hoffman, M. D, G. Buck, M. D., J. Watson, M. D.; *House Surgeons*, John Conger, M. D., Jean M. Julian, M. D.

The following is a summary of patients admitted for 1843.

Number of patients	2,100
Cured	1,239
Relieved	133
Discharged at their own request	215
Discharged as improper objects	44
Carried Forward	1,631

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Brought Forward	1,631
Eloped, or discharged as disorderly	71
Died	170
	1,872
Remaining on the 31st of December, 1843	228
Total	2,100

BLOOMINGDALE LUNATIC ASYLUM, N. Y.—P. Earle, *Attending Physician.*

Number of patients for 1843	195
Cured	49
Discharged much improved	23
Discharged at request of friends	7
Eloped	2
Died	14
Remaining	100
	195

A number of very interesting tables are included in the report, from which we select the following:—

Classification of Patients in the Asylum during the year 1843.

Mania	Males	47	
	Females	42	
			89
Monomania	Males	28	
	Females	22	
			50
Dementia	Males	27	
	Females	26	
			53
Idiocity	Males	1	
	Females	2	
			3
Total			195

Probable Causes of Insanity of Patients in the Asylum during the year 1843.

Hereditary	11
Puerperal	14
Carried Forward	25

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Brought Forward	25
Uterine disorders	7
Succeeding Fever and other dicases	13
Congenital	3
Insolation	1
Masturbation	11
Constitutional	14
Intemperance	23
Immoderate use of Opium	3
Injury	2
Cerebral disease	3
Fatigue and Exposure	2
Domestic troubles	7
Pecuniary embarrassments	14
Religious excitement	10
Disappointed affection	8
Over-exertion of mind	5
Mortified pride	3
Fright	2
Remorse	4
Loss of friends	7
Political excitement	1
Irritability of temper	1
Disappointed ambition	1
Unknown,	25
Total	195

The following interesting summary will show the number of cases admitted and the results of treatment, from 1823 to 1843 inclusive.

Old cases admitted	1102
Recovered	144
Per cent., 13	
Recent cases admitted	1442
Recovered	1100
Per cent., 76 1-13.	

THE ILLINOIS MEDICAL AND SURGICAL JOURNAL.—Our regular notice of this new periodical, which is just starting at Chicago, has been unavoidably crowded out. Considerable editorial matter intended for insertion in this number is necessarily omitted, owing to a little miscalculation as to the extent of our limits.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, JUNE, 1844. No. 2.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. I.—*Remarks on the Climate of Pensacola as a Retreat for Consumptive Patients.* By ISAAC HULSE, M. D., Surgeon, U. S. Naval Hospital: Pensacola.

[The following communication was addressed to P. KNOWLTON, Dentist of this city, who kindly furnished it for publication. We would be pleased to receive additional communications from the intelligent author.]

The following is an extract, in translation, of a letter which I wrote in French, dated November 27, 1840, to the Lady Superior of a Female Seminary in Pensacola, intended for publication, and I believe was published in the Courier des Etats Unis, a French paper edited at New York. The object which the lady had in view in asking for the information was similar to yours, and I believe the article in English will answer your purpose.

The enlightened public are well aware of the fact, that, from the highest antiquity, the most celebrated physicians reposed great confidence in the effects of change of climate for the cure of certain diseases, especially those of the chest. Thus do we find that the ancient physicians, both of Greece and Rome, were in the habit of sending their phthisical patients to Africa; and the maxims which appear in their writings prove, with sufficient clearness, that from such a course they observed beneficial results.

In our own time, also, the physicians of the north of Europe send their pulmonary patients to the islands of Madeira, to Rome, Nice,

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Pisa, Hierns, etc., while those who preside over our art in this country content themselves with recommending to those who are attacked with phthisis to choose a residence in the island of Cuba, or some others of the West India Islands.

Happily for the afflicted of the present day, several distinguished physicians have visited places which had enjoyed a high reputation, and, by correct observations, have established the fact, that nearly all the places in the south of Europe, previously renowned as affording an asylum for pulmonary invalids, had obtained a fictitious reputation. Dr. Johnson, the celebrated author of a work on Diseases of Hot Climates, and one of the most distinguished writers of the age, visited Italy a few years since, and remarked that Rome, Nice, and several other supposed favorable localities, were exposed to sudden violent gales of wind and sudden changes of weather, which could not be otherwise than injurious to valetudinarians. Dr. Clarke, a distinguished physician, who practiced medicine in Rome for ten years, says that inflammatory diseases of the chest prevail there during the winter and spring, and that acute attacks upon the lungs appear to him to be more violent and rapid in their progress in that city than they are in England and other northern countries.

The physicians who have given the most attention to this subject agree that if a pulmonary patient is compelled to separate himself from his family, he ought to choose a climate between the thirtieth and fortieth degrees of latitude. If this parallel is extended farther south, the disease is liable to become aggravated, and its fatal issue is accelerated.

Even the topography of the place chosen is of the greatest importance. If it is strongly marked by elevations or mountains, the atmosphere is subject to great variations, being occasionally agitated by violent gales, with sudden changes of temperature, and at intervals exerting upon the lungs a painful pressure by its sultry stagnancy.

The island of Madeira has been a favorite resort, but it has very considerable elevations, (which are sometimes covered with snow,) cold rains, and inhospitable winds, and, according to Dr. Gourley, consumption prevails there among the natives.

If we examine the testimony of the modern physicians upon the

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isles of the Mediterranean, we shall not obtain a more flattering result. You will here permit me to give an extract of the experience of Dr. Hennen, the Director general of the British Hospitals.

Proportion of mortality of pulmonary patients to that of other diseases, in the Ionian islands, and at Malta, from 1815, to 1821.

Corfu, -	1 to 4¼.	Ithaca, -	1 to 5.
Cephalonia, -	1 to 32.	Zante, - -	1 to 17.
St. Maura, -	1 to 8⅘.	Malta, -	1 to 2⅔.
Cerigo, - -	1 to 1⅓.		

Total pulmonary patients treated in the hospitals of the places named, - - - - - 2,429.

Total of other diseases, - - - 41,899.

[Vide Hennen's Med. Topography.

It must be observed that this comparison is more favorable in appearance than reality, since all the persons under treatment were soldiers, who were originally robust, and had probably contracted their diseases in the country where they were stationed.

You perceive then, that, I have the authority of the best authors in declaring, that Europe does not afford a climate perfectly adapted to pulmonary invalids; and my own observations convince me that in the West Indies, the unfortunate victim of consumption frequently sinks during the first stage of acclimation, *in a strange land and not a friend to smooth his pillow.*

To return more strictly to the subject of your letter, and the request you have made for my opinion, you have fallen far short of exaggerating the advantages of this fine region upon which nature has smiled so beneficially.

It is fifteen years since I made my first visit to Pensacola, and for nearly fourteen years I have been familiar with the diseases which appear here.

During the greater part of this period I have been in charge of the medical department of the Navy Yard, or of the Naval Hospital, situated upon the border of a flat country, bathed by the Gulf of Mexico; Pensacola is favored in the summer by refreshing sea breezes, which moderate the effects of the rays of the sun; removed from the

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mountains to the distance of several hundred miles, the north winds of winter, although they sometimes produce a sudden change in the atmosphere, reach us deprived of humidity, and the only inconvenience they cause to a valetudinarian is that of requiring him to keep the house till their first force is expended, when he may expect a serene sky.

The climate of Pensacola is suitable for invalids of almost every discription, since it forms a medium between the hot and the cold. The heat of summer does not enfeeble, neither does the cold of winter exist to a degree that is hurtful, and its duration is not longer than could be desired to fortify the nerves and secure the physical forces.

It has been my happiness to see many pulmonary patients experience relief from a residence here; a smaller number who had but the first symptoms of consumption, have gone to their homes perfectly recovered; but it must be confessed that, to obtain all the benefits which this fine climate is capable of dispensing, the invalid should fix his residence on the spot. The temporary effects of a short sojourn are often fatal to the individual who exposes himself again to the severity of a northern winter.

I would not wish it to be supposed, that in considering this subject I confine myself to a single malady. There are some which are frequent and formidable in cold countries which do not exist here; and I have often seen persons with chronic complaints, whose cases were greatly ameliorated, and others cured, by a removal to Florida.

In short, all persons who are debilitated from any cause whatever, ought to find in this atmosphere a propitious temperature, which will produce salutary effects.

ART. II. — *On the Treatment of Bilious Fever.* By JOHN HORNE, M. D., of Middletown, Ia.

IN the September number of the Lancet there is a paper from the able pen of Professor Harrison, on Bilious Remittent fever, which contains much valuable information. I consider the Professor's theory of the pathology of that disease correct; in fact, it is the best article on that

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subject I have ever seen. But, in looking over the treatment he recommends, I was much disappointed; for, from his correct views of the pathology, I expected to find a somewhat different course of treatment adopted.

In the following paper I will endeavor to point out wherein I consider the Professor's practice deficient, and describe a course of treatment which I think is rationally predicated on his theory, which, at least, considerable experience has proven to be successful.

As I before remarked, I entirely agree with the Professor as to the pathology of this disease, and therefore consider, that in the first stage of Bilious Remittent fever, the nervous system is the part primarily affected, and that the circulating, excreting and secreting functions are deranged through the controlling functions of that system. But the Professor appears to forget this theory in recommending a preventive course of treatment. He says, p. 209, near the bottom: "But, to prevent this period of incubation ripening into an attack of fever, we know no better method of prophylactic resort, than with the careful avoidance of the exciting causes, to preserve a proper, healthy action of the emunctories. With this view, the bowels should be kept open, the biliary secretion mantained by mild mercurial aperients, the urinary discharge increased by drinking a very dilute solution of the super tart. potassa, and if the skin is harsh and hot, by applying water to the general surface." Now, if constipation of the bowels, suppression of the biliary and urinary secretions, and the cessation of the functions of the skin be the cause of the disease, the Professor's prophylactic treatment might be supposed to be efficacious; but, according to his own theory, these are mere sequences, the "peculiar perverted state of the nervous system" being the causation; now, would it not be better to use some means to remove the cause, (viz: the peculiar state of the nervous system,) and thus prevent these effects from taking place, than allowing the cause still to operate, to turn our attention to combating the effects? Guided by this view of the case, when I prescribe for a patient laboring under the premonitory symptoms of fever, if his bowels are constipated I order a cathartic, and then put him on the use of quinine and opium; these articles I

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have found very powerful in overcoming that perverted state of the nervous system produced by miasmata.

The Professor's indications of treatment, of the first stage of this fever, I think correct, so far as they go; but from the pathology of this stage of the disease we conceive, that the grand indication is to remove the lesion of innervation, and by accomplishing this we generally at the same time abate the vascular action and restore the secretions. For we must bear in mind, that the vascular excitement, derangement of the secreting and excreting functions follow as effects, the perverted state of the nervous system being the cause: and of course by removing the cause the effects will cease, unless that cause has been operating so long as to produce organic derangement; which, however, would bring the fever into the Prof. second stage, when a different treatment would of course be indicated. The Prof., however, in his treatment of the first stage, considering that, "the Physician is not called upon to prescribe for the nervous derangement," after vascular depletion, places his main reliance in purgatives, antimonials, and affusions of cold and tepid water. These I consider of immense advantage in some cases, and so far as they go to fulfil our indications; but to trust to them uncombined as the Prof. recommends, I would hardly ever expect to have any better success than this treatment had in the case of Jacob L. Brown given on page 208. This case I think a good specimen of the effects such treatment has in this part of the country, as I have seen several cases of fever, have just such an issue after being treated on the Prof's plan; and I hesitate not to say, had the treatment I am about to point out, been adopted in this case, the fate of poor Brown would have been very different. That the Prof's plan of treatment lessens the liability to a fatal issue from local inflammation I admit, but at the same time I consider that it augments the danger of a fatal termination, in the first stage of the disease, from a lesion of innervation.

In giving my plan of treatment, I will state the course I generally pursue, nor do I wish to be understood as saying that it ought to be adopted in every case; in some I have to commence with the use

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of the lancet and alter my common practice in other respects, for as the Prof. remarks, "no practice will admit of universal application;" however, I will state the treatment which I have found generally applicable. When called to treat a patient laboring under the first stage of the bilious remittent fever, as the bowels are commonly constipated, I commence by administering a cathartic; as soon as that operates, I put the patient on the use of a combination of equal parts of spts. nit. dul. and camph. tr. opii., a tea spoonful every second hour, alternating this mixture with a powder containing pulv. dov. grs. iij, pul. jacobi. gr. iv, at the same time use tepid or cold sponging; after the patient has been upon this treatment for 12 or 15 hours, the nervous symptoms are greatly mitigated, and at the next remission measurably disappear; I then commence the use of quinine in combination, commonly, with pulv. doveri., giving from 2 to 4 grs. of each every second or third hour; commonly after the patient has used from twelve to fifteen of these powders, he is convalescent. If quinine and opium are administered judiciously in this complaint, while in the first stage, it will generally succeed in cutting it short at once, even in the severest cases, and in nine cases out of ten, (according to my experience) the disease will never arrive at the second stage. Nor is there any danger to be apprehended from the exhibition of quinine in this complaint. I often administer that drug in combination with opium, in cases where the remissions are slight, during the fever, and have never seen any evils arise from its use, but on the contrary, it has always been attended by a marked success, appearing to act as a direct sedative, producing diaphoresis or an abatement of all the nervous symptoms.

The Professor remarks, (page 246,) the treatment must correspond to the pathology of the disease. Now, a lesion of innervation, followed as its effects, by arterial excitement and derangement of the secretions and excretions, is the pathology of this stage of the disease; and I would ask if the treatment I have recommended is not in accordance with that pathology? He remarks, "the quinine practice would not answer in the district where he resides; it may do elsewhere, as in malarious districts," and at the same time states, that

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this disease is *exclusively* of miasmatic origin. Now if this disease exists in his district of country, and is exclusively of miasmatic origin, surely his district must be malarious, for how could the effect be produced without the producing cause? But even allowing that all the cases which occur in his practice are imported, I can see no reason why the quinine treatment should be unsuccessful. The pathology of the disease is the same, and of course the same indications of treatment ought to be kept in view; and why should a disease, *purely miasmatic*, not be treated in a healthy district in the same manner, as that which proves successful in a malarious region?

I agree with the Prof. in the treatment he recommends in second and third stages of this disease, always bearing in mind, that there exists a peculiar perverted state of the nervous system to be overcome, before convalescence can be established; and that quinine is all-powerful in overcoming it; therefore, as soon as by cupping or other means of depletion, local inflammation is subdued, I lose no time in putting my patients on the use of quinine and opium. In fact, in those complications which do not directly forbid the use of these articles, I often administer them through the whole progress of the fever; and have hitherto had no cause to repent of my confidence in them.

ART. III.—*Remarks on the use of Flannel for Children's summer clothing.* By JOHN C. DARBY, M. D., of Lexington, Ky.

ACCORDING to my humble judgment, medical men have done nearly if not fully, as much service to the human family, by informing the people how to preserve their health, as they have done by contributing to the removal of disease when it has seized upon them. Such is the object of this article; and I shall avoid, consequently, as far as possible, *technicalities*, that I may be fully understood by the general reader.

There is, perhaps, no malady more common than the one known as the *summer complaint* among children. It has been attributed to many causes, among which we may name the eating of fruit and other articles of food, considered by some as indigestible; the intense heat

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of summer, etc., etc. I suppose that there is another cause of the frequency of this complaint, a cause too, which is not generally recognized; on the contrary, the cause to which I refer is advised, by perhaps a majority of physicians, as part of the necessary means for preserving the health of infants and children three or four years of age. I mean the wearing of *flannel shirts*. To this cause of bowel complaint, and other common affections of children during the summer season, I would add the fashion of dressing children with arms and neck bare. Their bodies, especially the abdomen, is kept constantly hot, while the limbs are kept cool, and also that portion of the upper part of the chest just below and all above the clavicle or collar bone, where the large blood-vessels and nerves, which pass to and from the brain and upper extremities, are so slightly covered by nature. Better far would it be to allow children, of the age referred to, to go naked than clothe them as fashion and medical opinion so far has ordered them to be clothed. By this fashion of clothing, the delicate skin of the child, than which there is nothing more exquisitely so, and the nerves of sensation (which we have said are but slightly protected by flesh just above the clavicle) are exposed to the alternate effects of the sun's heat and chilly blasts; in a word, to all sensible changes of the atmosphere to which our climate is so subject; while the abdomen, which is principally supplied by what anatomists call the ganglionic system of nerves—nerves of animal life, or nerves of no sensation—is constantly stimulated by the friction of a flannel shirt, aided by the heat of the weather, the obvious effect of all which is, that the limbs, especially the arms of the child, are, for the most part, always cool, while their bodies are as uniformly hot. The physiological, or perhaps we should say the pathological effect of which is, to cause internal congestions. If the extremities be constantly cool, while the body is warm or hot, it is because there is not a due proportion of blood and nervous influence sent to the former, while there is too much concentrated about the latter.

According to Dr. Johnson's valuable work on tropical climates, the first symptom of a giving way to the climate within the tropics is an over-action of the liver, which is soon stimulated to excessive ac-

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tion, which, like all other excessive actions, is always followed by debility and torpor of the liver and the functions of animal life. Dysenteries and fatal fevers were the consequence. This was the result of the experience of Dr. Johnson, which no doctor will gainsay; and Dr. Johnson adds, that in his opinion, this state of things is hastened by Europeans refusing to conform themselves, immediately after their arrival within the tropics, to the habits of the natives; they persist, until, alas! it is, for many, too late, to wear their woollen clothing and to eat meat, disdaining to imitate what they are pleased to call the effeminate manners of the East Indians. Just so far as our summers approximate to a tropical climate, are Dr. Johnson's views applicable to our country. And what is the difference in heat between the cities of the United States, during the months of June, July and August, and within the tropics? Not a great deal as to the height to which the thermometer sometimes rises in our cities. The principal difference is, that within the tropics the heat is more constant, but then they have the regular cooling sea-breezes; i. e. among the islands.

What is meant by the effeminate manners of the East Indians, which Dr. Johnson advises Europeans to copy after? Why, they avoid the heat of the sun and wear the lightest and coolest clothing.

We know that it is alledged that flannel is a non-conducter of heat; and we are told that in Spain the people envelope themselves in a woollen cloak when they are exposed to the heat of the sun. As to the custom in Spain, it should be borne in mind that *it is a cloak* and not a *flannel shirt*; and that the cloak is thrown off when they return to the shade. A non-conductor of heat is not required by the animal body when the temperature of it is nearly equal to that of the atmosphere. It is needed to protect the body when the atmosphere is cold, or when the body is for a time exposed to intense heat, to be laid off when you go out of it. But if children must wear flannel, it would be much better to put sleeves and legs of flannel to their undergarments, and let the body part be of cotton. Why increase the amount of heat about their bodies, as is necessarily done by the fashion of clothing now in use? Let any one test the correctness of our facts, feel the bare arms of a child, and you will find that they are

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almost always cooler than their bodies; in fact, that while the former are *cool* the latter is frequently *hot*. But the increased amount of heat which is kept about the body by means of a flannel shirt, is not the only objection to its use. It stimulates, by friction, the delicate skin of the child, and excites too constantly the nerves of animal life which are distributed about the abdomen, giving rise to itching of the skin, the affections commonly called the *hives*, the *heat*, &c. &c. which are so harrassing to young children.

It is not, perhaps, necessary for me to show (which I am fully prepared to do) that the chain of causes, to which we have barely alluded, is sufficient to produce diarrhœa, dysentery, fever, &c.

Our advice, wherever we practice, is to clothe young children, during the summer, with what the ladies call a *slip*, taking care to have sleeves to it, and to make it fit up about the neck. We exclude flannel altogether from summer clothing of children. Men, whose skins are as leather compared to that of a child, have to lay it off, because it is too oppressive: while the body of the poor suffering child is stimulated to a constant generation of heat, while he is too often deprived of the use of water, and is kept on the most meagre diet; and if, forsooth, the nurse happens to let him eat an apple, this, apple like the one in the garden of Eden, is considered the cause of the evil consequences. There never was a geater absurdity than that ripe fruit is indigestible and injurious to children. We take it for granted that the children within the tropics are raised upon it. We do not know any thing to the contrary. We know very well that in the country the children of the farmers and their servants eat a great deal of fruit, and yet the bowel complaint is not half so common among them as it is in cities. But very few of them wear flannel; indeed many of them go next thing to naked.

We allow, that if you exhaust the vital powers of the digestive organs of a child, by stimulating the nerves of his stomach and bowels, and his liver to excessive action, you will make him unable to digest fruit, and indeed any thing else.

Children cannot grow without eating a good deal, and there should not be a stoppage put to their growth during the summer season. All

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other young animals grow during this season; but nature has provided that they shall be but slightly clad. The sheep sheds her wool, and the colt his coat of hair.

We advise, farther, that children should sleep in drawers, with a body and sleeves, always, winter and summer. Cotton is the best material of which to make them; for the winter, cotton flannel is the best. If it is thin, it is very suitable for summer. It is useless to cover up children with bed clothes when the weather is warm; If they are large and strong enough, they will kick them off. It is not well to keep them too hot, even when they are too young or too feeble to be able to remove the bed clothes; but they should be somewhat protected from the cool night air. They should be well washed with fresh water every night before they are put to bed.

ART. IV.—*On the causes of death in Fever.* By B. RUSH MITCHELL, M. D.

THE subject of Fever, we are aware, is trite, yet there are some particular features in its history, and those too, in our estimation, the most important to the development and enforcement of which, but little space is accorded in works upon practical medicine. Among these may be enumerated, the theme we have selected. And surely, in the whole range of its history, there can be found nothing relating to fever more important than the manner in which it causes death. The ideas, too, upon this subject held by the profession, are exceedingly vague and indistinct. Is the physician asked, "of what did your patient die?" his reply is, "fever," and there the matter ends. But to our apprehension all this is extremely unphilosophical; emphatically, *backwoods pathology*, not a shade removed from that of Van Sweiten and Boerhaave.

The idea of a man dying of a name, signifying at one time this, and at another, that, is not medical, is not scientific; but on the contrary, is incomplete and quackish. Whether we be believers in the idiopathic origin of fevers or not, *we do not* believe that patients *die idiopathically*. Although we may deny to a fever, in its genesis,

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a local habitation; although we may assume that "the life of *all* his blood is touched corruptibly," still, there must be some *one* spot where disease labors more assiduously than at another,—some opening through which disease may enter. A disease of the *whole* body, except, operating chiefly in a particular site, we affirm cannot kill; because, attacking too great an amount of vitality at once. Confine it, however, to a single spot, and its morbific influence may overcome the vitality of that part, but of the whole system, working upon the whole system, never.

To illustrate; a general dividing his forces, and attacking at once the whole of his foe, will infallibly be defeated, unless he be in every way superior to his opponents; but, if he concentrate his force upon an individual point, victory is certain; so of disease. The vital principle, vital force, life-preserver, call it what you will, is the foe that disease seeks to overthrow; but the sum of vitality in the whole body, is superior to the force, which disease can bring to bear upon it. If the disease conquer it then, it can only be, to carry out the figure, by beating and destroying it in detachments. As illustrative of the truth of this remark, we may refer to the speedy death of patients laboring under intense Pneumonic, Peritoneal, or Arachnoid inflammation, if not relieved, as well as to the long persistence of Nervous affections, or even the protracted duration of many fever cases, not under medical treatment; which last prove fatal, by the disease ultimately having recourse to the most approved war tactics.

We do not design localizing fever, far from it; yet we venture to assert, and appeal to every post mortem of a fever case to bear us out in the assertion, *that Fever proves fatal only, by a congestion or inflammation, of some particular part or parts, organ or organs.*— We seek not to revive Broussaism, nor the idea of Clutterbuck, in laying down this proposition, because we are well aware, that the particular part may vary with each individual case. Nor do we pretend to originality, but seek merely to direct attention to the point. We wish to be recollected what is too often forgotten at the bed side, that, to use the language of Dr. Stokes, "Fever complicated with local disease is the rule, its non-complication the exception." This is the dec-

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laration of no mean observer; and that it is true, none in the habit of making post mortems of fever patients will doubt.

Even in the intermittent fever, the "beau ideal" of an idiopathist, we will find the rule we have laid down universally true. Of 36 fatal cases recorded by Dr. Bailly, dissection revealed in *all*, inflammation or congestion, and frequently both as the cause of death. In typhoid fever, death most generally, if not universally, results from an inflammatory action in the digestive tube. Of 43 cases of typhus reported by Dr. Reid of Edinburgh, there was inflammatory or congestive lesion of the lungs in all. We might indefinitely extend the list to every fever attacking the human family, with the same result. Out of an immense number, several thousand, of fever dissections, made by divers physicians, that we have examined, although differing in the locality of the lesions, yet one and all agree in establishing some inflammatory or congestive state as the cause of death.

We may then, deem it as certain, as anything can be in medicine, that fevers prove fatal only by *local lesion*. Were this fully and entirely received by the profession, what benefits might not be expected to accrue to mankind, what honor to redound to medicine! For, if the physician becomes thoroughly imbued with this idea, when called to a case of fever, he will not remain satisfied that his patient has symptoms of febrile disease, and prescribe accordingly; but with keen scrutiny, he will examine the condition of each and every organ, ascertain that the harmony of each with each is in tact, or if otherwise, discover the faltering part, and direct his remedies to its sustenation. Thus, by critical investigation, we believe, many a fever case would be cured, which under other circumstances, would infallibly have been lost. The medical armentaria is sufficiently large, its agents sufficiently potent, to arrest most cases of disease, if the point where death is about to begin, be known; and if the physician direct all his energies to making such discovery, we cannot do otherwise than anticipate for him the most brilliant success. To a neglect of such an inquisition must we attribute the ill success attending the practice of almost every physician, in alternate fall or spring fevers. It is well known that a certain practice may cure this spring, but applying it to

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our patients the next, we lose every case. Thus the practice becomes empirical, since the physician having recourse to to his infallible guide, experience, finds not that "experientia fallax," until many have fallen victims.

Perhaps a more striking illustration of the truth of these remarks cannot be found, than in the history of typhoid fever in the west, and especially, as these cases fell under the charge of prejudiced practitioners. Under the name of "Red Tongue Fever," we knew it to be treated with enormous doses of calomel; often by irritating cathartics and emetics, with what success we do not pretend to say, though we cannot forget that the loss of five or seven in a family, was no uncommon occurrence.

Did the physician, however, instead of resting satisfied that his patient labored under autumnal fever, hold inquest as to the part, upon which the disease at this juncture preferred to localize itself, there can be no doubt, that his practice would indeed be a triumph in medicine. Thus viewed, too, an additional degree of interest is thrown around each new case of fever. Discarding the ideas conjured up by this word of many meanings, the physician investigates closely the case, to discover its determination; and thus, each successive case becomes a fresh study to him—his intellectual powers are exercised and developed, his judgment rendered more acute and accurate, while an unimpeded progress in medical attainment is his. By means such as these, too, can we alone expect any improvement in the nomenclature, that rudis, indigestaque moles, of our profession. Too many names have we, whose exact definition would puzzle Butler's hero, "who could distinguish and divide a hair, 'twixt south and southwest side;" and too many names have we, whose universal meaning laughs at the conveyance of a particular idea. But, under another regime, we may hope for brighter things, and look with assurance for the time, when there shall not be described a fever, except, as accompanied with its most constant morbid lesion as a prefix.

These remarks have, however, extended themselves under our pen, to a greater length than we had designed, and we therefore conclude,

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by invoking the more strict attention of physicians to the truth elaborated in this essay, assured that they will find it conducive to their own improvement, as well as to the well-being of their patients:

Art. V.—*Of Inflammation in general.*—According to Dr. Watson, the general opinion, that MERCURY has a peculiar power in arresting inflammation and controlling the deposition of lymph from it, is still to be upheld, although it is only to be regarded as auxiliary to blood-letting and not as a substitute for it. Moreover, it is likely to do harm in those cases where the morbid action approximates to its own action: in cases of erysipelatous inflammation, having a disposition to gangrene; in scrofulous affections; inflammations co-existing with considerable general debility, and with irritable conditions of the nervous system. Previous bleeding renders the body more readily susceptible to its influence. For urgent cases, calomel is the best form: two or three grains, given every four or six hours, generally sufficing to touch the gums in thirty-six or forty-eight hours

Dr. Alison admits that such a power is excited by mercury over some cases of inflammatory action—such as that of the iris; but but that a similar one is excited in a degree adequate to the object required in any inflammation of the internal parts, is much more doubtful. The main question as regards any specific virtue of mercury is this—Do the symptoms of inflammatory diseases subside more rapidly, and more certainly, when the drug has affected the mouth, than without that occurrence? Under this point, observations are somewhat at variance. Dr. Alison thinks it may be stated in general terms, that the cases in which mercury, combined with opium, has seemed most useful, have been most frequently those in which the symptoms having subsided, it was withdrawn without the mouth being touched, and therefore without any proof being given of its specific virtue.

Dr. Watson advises, when mercury has induced annoying salivation, with much external swelling, eight or ten leeches beneath the edges of the jaw-bones, and a poultice round the neck; when the

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flow of saliva and soreness of gums form the chief annoyance, a gargle of brandy and water. A writer in Dr. Johnson's review, advises a blister to the throat, and a gargle of brandy and water.

M. Lombard recommends a gargle made with alum, or camphorated spirits of wine; mild saline aperients being administered at the same time.

The author has found that in those cases in which the narcotic is admissible, opium has succeeded in arresting the discharge, when not much influenced by other remedies.

Professor Trousseau has shewn that although children are more refractory to the action of mercury than adults, yet they may still be salivated. In one case, after calomel lozenges, and frictions with mercurial ointment, had been employed for fifteen days, the gums were so swollen as to necessitate the discontinuance of the medicine. The author believes that in many of the instances in which the mouth has been supposed to be affected in children from the use of mercury, stomatitis, in certain of its modifications, has been mistaken for it.

Professor Lallemand supports, by the experience of hospital practice more particularly, the administration of large doses of the tartrate of antimony, when the object is to subdue inflammation, without permanently impairing the strength of the patient; he states some instances in which this treatment was attended with very favorable results, even after the use of mercury had been pushed to a great extent without avail.

According to Forget, the phenomenon called antimonial salivation is purely accidental, and offers no affinity with the progress or termination of disease.—(See pneumonia)

Dr. Copland has affirmed that since 1827, diseases in London have presented less of the inflammatory character than before, and assumed the intermittent or remittent type; or at least patients do not bear depletion so well now as they did formerly. There is even less toleration of loss of blood in inflammation of the chest. This, although very marked in the outskirts of the metropolis, is elsewhere applicable. In the midland counties a similar change has occurred; periodic diseases have taken the place of those of an inflammatory character.—[London Medical Times.

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ART. VI.—*The Use of the Alcoholic Lotion in Phthisis Pulmonalis.*—This and the four following articles constitute the principal contents of the last number of the *Lancet*:—Dr. M. Hall says that this lotion possesses a power in checking the progress of the deposition and softening of tubercle in the lungs, beyond any other which he ever tried. The number of patients who have recovered from incipient phthisis under its use, and who, after many years, are still living, and in apparent health, warrants him, he thinks, in making this assertion, and in expressing himself in strong terms in regard to its extreme value. It is to be constantly applied by means of six folds of linen over and across the upper lobes of the lungs. One part of pure alcohol is mixed with three parts of water. It is applied tepid at first, and afterwards of the temperature of the atmosphere. It is used in small quantity at a time, every five minutes, so that the application may always consist of alcohol and of water. (If applied in larger quantity, and less frequently, the alcohol would evaporate, and water alone be left, and this would be the source of a feeling of discomfort, instead of the glow which the alcohol induces.) The application is easily made; a piece of soft linen, of the size of a very large sheet of letter-paper, being folded in the usual manner, is then folded twice more, in lines parallel with the first, so that the whole consists of six folds. These are stretched, applied across the upper part of the thorax, just below the clavicles, and fastened to the shoulderstraps, or other part of the dress, which latter is to be arranged so as to be readily opened and closed. A sponge, the size of a walnut, is then filled with the lotion, and pressed upon the linen along its whole course, the dress being opened for this purpose, and immediately closed. The operation need not occupy five seconds; it should be repeated every five minutes. The application of the lotion should be incessant during the day, and all waking hours, the dress being light, or even entirely removed, so as to allow of free and rapid evaporation. It is to be suspended during the night. Dr. Hall mentions briefly several cases in which this lotion appeared to do good, and he begs to be understood as stating only the fact, that he has witnessed many, very many cases of incipient phthisis checked by the

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strenuous application of the alcoholic lotion, and the patients restored to apparent health; these cases having been proved to be phthisis by the presence of the physical signs, as well as the morbid symptoms of this dire disease. Neither does he recommend it as a cure for phthisis. He thinks it the most important remedy in this disease which we possess; but he would by no means neglect any of the other well-known aids in the treatment of phthisis. Of these, change of air, free exposure to the sea-breezes, a sea voyage, a mild climate, a chalky soil, a locality screened from the north-east winds, gentle exercises, especially on horse-back, a meat diet, with a little of Bass's ale, perhaps, but without other stimulus, the system of sponging with sea water, or salt and water, or vinegar and water, light clothing, with flannel next the skin, etc., the plan recommended by the late Dr. Stewart, etc., constitute the additional remedies to be adopted in the treatment of phthisis.—[London Medical Times.

SURGERY AND OPHTHALMOLOGY.

ART. VII.—*Wound of the Leg, terminating fatally.* By DR. J. H. STEWART, of Sidney, O.

MR. WM. STONER, aged about 38 years, residing two miles from this place, while engaged, on the 22d of November last, in hewing timber, about half a mile from his house, received a severe wound from his broad-axe, sometime, we believe, between 12 and 2 o'clock, P. M.

As having, perhaps, some bearing upon the issue of the case, we may here state that Mr. S's. health, for some weeks previous to the receipt of the injury, had not been good, arising, probably from gastric disorder. He complained, however, of but little, except general debility, imperfect digestion, and frequent attacks of vertigo. With these he was frequently so much overcome as to be near falling. It is considered probable that it was in an attack of this kind that the injury was received.

The wound was in the right leg, was about four inches in length, commencing at a point about three inches below the knee joint, im-

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mediately exterior to the spine of the tibia, and extended obliquely downwards and outwards. The cut becoming gradually more superficial as it descended, was deepest at the upper angle, where the corner of the axe had penetrated from an inch and a half to two inches. It was from this deepest part of the wound that the bleeding principally issued, which, from the accounts given of it, must have been extremely profuse. Two men were chopping not far off, and soon discovering that something was the matter, went to him, and found him extended upon the ground, covered with a profuse sweat, extremely faint, and weltering in his blood. The ground where the accident occurred was wet, and the atmosphere at the time cold and humid. One of the individuals, who first got to him, immediately grasped the leg at the wound, but states that he could not wholly suppress the bleeding in this way; while the other, as speedily as possible, brought water from a neighboring pond, which was liberally applied, "to remove the faintness." This produced a severe chill, and in this situation, a sled having been procured for the purpose, he was conveyed to his house. A messenger was then immediately dispatched for a physician; and Dr. Johnston, being the first found, was taken out, and was with the patient, as is supposed, in a little upwards of an hour, from the time the accident occurred. He was still extremely faint, and very greatly exhausted from loss of blood. The dressing applied, consisted in a partial closure of the wound by means of two stitches, a compress and bandage; no adhesive strips having been used to assist in bringing and retaining the edges of the wound together. The bleeding, however, now ceased, and the patient appeared, *for better than two days*, to be doing as well as could be expected, when I was sent for in haste, and on my arrival, for the *first* time saw the case. I found Dr. J. with the patient, holding the wound to prevent hemorrhage, which, to some extent, had broken out, and which was the cause of my being sent for. Though the amount of blood *now* lost was by no means considerable, yet, probably from his previous ill health, and the great quantity of blood lost *before*, we found him with a small and frequent pulse, countenance expressive of anxiety, and great mental and physical prostration. Not having a tourniquet with us, a strong handker-

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chief was immediately thrown round the thigh, a ball of yarn interposed between the handkercheif and limb, so as to press directly on the femoral artery, and the handkerchief, by means of a short stick passed through it, twisted so as to interrupt the circulation in the leg below. The leg, from the knee down, we found to be much swollen, and inflammatory action of a high grade about the wound. After consultation, and considering the many unfavorable circumstances of the case, the amount of prostration, the swollen and inflamed state of the limb, and of the wound particularly, the improbability of our being able, at that time, to find the bleeding vessel should we attempt to take it up, together with the fact that the *light dressing*, at first applied had appeared, for more than two days, sufficient to restrain the hemorrhage; it was deemed most advisable to dress the wound again by simply bringing its edges more accurately together, by means of two or three additional stitches, supported by adhesive strips, a compress and roller. This was accordingly done, and the limb placed on an inclined plain, the foot being slightly elevated. The twist was now removed, and for some time that we remained, no bleeding occurred. Next morning, however, very early, a messenger called upon me to see Mr. S. with Dr. J. On our arrival the attendants reported, that soon after our departure, on the day before, blood began to ooze through the dressings, and that this still continued, the quantity rather increasing. The whole amount of blood lost from the time the wound was first dressed may have been some ten ounces.

We are free to confess, that at this time we felt no inconsiderable degree of embarrassment. A fellow being in extremely distressing and dangerous circumstances was entrusted to our professional care, for whose relief we were bound by the sacred obligations of humanity, to exert our utmost efforts. Aware of the responsibility that rested upon us, which was increased by the consideration that the step now taken might decide the fate of our patient, whose vital energies were being rapidly exhausted, several modes of treatment presented themselves to our minds, and the claims of each considered. 1st. To cut down upon and apply a ligature to the arterial trunk above the knee, as the hemorrhage was supposed to proceed from the *anterior*

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tibial artery, in consequence of either a partial or complete section of that vessel. However correct this plan might have been at the first dressing of the wound, the fatal objection to it *now* arose, that the patient already labored under the effects of a local injury that seemed to be rapidly undermining his animal powers. 2nd. To extend the original wound, and having found the bleeding vessel, to tie it near the place from which the blood issued. To this the same objections were presented as to the former, only in an increased degree, owing to the proximity of the wound to the knee joint, and the depth and *direction* to which the extension of the woundmust have been carried. 3d. To control the hemorrhage by filling the wound with sponge saturated with styptics, and the application of a graduated compress. This plan we supposed, aside from the uncertainty as to the efficiency of its operation, would retard the progress of the cure.

It was finally determined to open the wound, and secure the bleeding vessel by ligature, if this could be done without a farther extension of the wound; if this could not be done, to draw the edges of the cut closely together, and endeavor to procure the formation of coagula, by means of which the discharge of blood from every point of the wounded surface might be arrested.

We accordingly applied our tourniquet, removed the dressings and cut the stitches, which allowed the wound to open immediately: nature having apparently, made scarcely an effort at *union by the first intention*. The leg, particularly about the wound, continued much swollen and inflamed. After removing some clots of blood that occupied the wound, and slightly unscrewing the tourniquet, the bleeding, as nearly as we could discover, issued from the very deepest point of the cut, and proceeded as we supposed, and as before intimated, from the *anterior tibial artery*. It now became evident that the idea of attempting to tie the artery at the wound must be abandoned; we therefore again closed the wound very accurately by suture, supported by adhesive strips, roller, etc. The tourniquet somewhat slackened, was left upon the thigh, and after charging the attendants, very particularly, to unscrew it a little more soon after we should leave, and continue to do so at short intervals until it should become

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so slack as to give no interruption to the circulation in the limb, we departed. These directions, we believe, the attendants faithfully observed. Our design in not removing the tourniquet *immediately* was, that the formation of firm coagula might not be prevented by the sudden impetus of the arterial current. The continuance, then, of the tourniquet on the limb, about which certain *gentlemen* have talked and *written* so much, as must be obvious to all, neither could nor did contribute to the mortification that afterwards took place.

The patient, however, soon began to complain of pain in the leg, particularly about the injured part, and signs of mental derangement, from extreme nervous irritation, acting upon an exhaused system, began to be manifested. This was on Saturday morning, about two days prior to the patient's death. On the afternoon of this day Dr. Johnston and myself, (*honored* by having Dr. Mann associated with us,) again visited Mr. Stoner. We found him in the condition above described. Tourniquet, though now perfectly slack, still remained according to our directions upon the limb, in order that, if hemorrhage *should* recur, it might be immediately checked; for our belief was that not much more blood *could* be lost and the patient survive. As no bleeding had occurred since last dressing, it was deemed most prudent not to disturb the leg; and after directing some soothing and aperient medicines, we left him. In the evening Dr. J. again visited him, and staid with him all night, symptoms of physical prostration and of mental alienation continuing, *pari passu*, to increase. We next saw Mr. S. on Sunday about noon, when *doctors* Mann and Beeman were both with us, the former for the second, the latter for the first time. Appearance of patient now considerably resembled one in a low stage of typhus fever. Foot of injured leg cold and insensible. Smell from wound had become offensive, and on removing the dressings it was discovered that mortification had actually commenced. No hope of saving the patient's life, except by amputation, was now entertained by any one of his physicians; owing, however, to the high degree of nervous excitement under which he labored, the operation was postponed until evening, and afterwards for the same reason till next morning, when the limb was amputated about six inches above the

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knee. Patient survived the amputation about an hour. On examination of the limb after amputation, and tracing the anterior tibial artery, from above downwards to the wound, no injury of that vessel could be found. It was, therefore, concluded that the bleeding must have taken place from the division of a lateral branch, close to the main trunk.

A word or two, (letting them go for what they may be considered worth), as to the probable cause of Mr. S's death, and we have done.

The mortification, we presume, will be recognized as the *real* cause that led to the death of our patient; though the *immediate* cause was, most probably, the shock given by the operation. He, we suppose, might have lived *some* time longer than he did, if the amputation had not been performed: but he could not have survived long, as the mortification was progressing with fearful rapidity. The propriety, therefore, of the operation, as it afforded the *only* hope of saving the patient's life, cannot be disputed. As, then, the amputation was rendered necessary by the mortification, if we can discover the cause of this, we shall have discovered the *true* cause that led to Mr. S's death, subsequent to the receipt of the wound.

Except in the formation of various kinds of morbid structure, surgeons, from what little we know of their writings, inform us of but three ways in which external inflammation can terminate, viz: by resolution, suppuration, and mortification. Accordingly as the general health is good, the constitution firm, and the recuperative energies of the system vigorous; and the less intense, in proportion, is the degree of the inflammation, the greater will be the probability of its terminating by resolution, that is, by a gradual subsidence of the pain, swelling, redness, etc., and a regularly progressive return to a state of health, *without discharge.* This is the most favorable mode by which inflammation *can* terminate.

The circumstances of the patient being less favorable, the termination may be by suppuration, and by a process more or less tedious, attended with a discharge of matter, the part may be restored to a state of health. But if from what cause soever, the powers of the system are greatly prostrated and the recuperative energies enfeebled,

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the local inflammatory action being at the same time disproportionately intense, mortification will most likely be the termination. Now if this theory be correct, and we apply it to the facts in Mr. Stoner's case, I think we shall be led to the conclusion, that (Mr. S's health having been for some time previous to, and at the time of receiving the wound in some degree imperfect,) the very great amount of blood lost, the excessive chill occasioned by his lying for some time on a cold, wet piece of ground, the atmosphere being at the same time cold and damp, increased by the circumstances of his being, at the time, in a profuse perspiration, and his having, while in this state, a considerable quantity of cold water poured upon him, to remove the faintness occasioned by the loss of blood, so prostrated the powers of his system as to render it incompetent to the removal, either by resolution or suppuration, of the intense local inflammatory excitement; the consequence of which was, that the nerves and vessels of the part, losing at first their functional powers, and afterwards their vitality, the whole structure necessarily perished: or, to alter the phraseology, mortification took place. We do not say that Mr. S's wound might not have been better dressed than it was at first; but we do think it a matter of extreme uncertainty, all the circumstances of his case kept in view, whether his life, after medical aid was obtained, could have been saved by any course of treatment.

[Accompanying the foregoing communication is a note stating that efforts had been made, by publications in the newspapers by the physicians called in consultation, to produce the impression on the public mind, that the patient perished from improper treatment; and there is also a request that we should express an opinion as to the validity of the charge.

The facts of this unfortunate case are so clearly set forth by the author, Dr. Stewart, that it is unnecessary for us to do more than to acquiesce in his explanation of the probable cause of death. It appears that the patient's health was not good prior to the accident, and that at the time of receiving the wound he lost a large quantity of blood, and was otherwise exposed to prostrating influences. When the wound was opened for exploration, it was found that nature had

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made no progress towards a reparation of the injury. During all this time blood continued to *ooze* from the wound, although the quantity lost did not exceed, after the first hemorrhage, ten ounces. Mortification, however, speedily came on, and the patient died. Now these facts indicate with the most positive certainty, that the shock produced on the system by the loss of blood at the time of receiving the wound, so far destroyed the reciperative powers of the system as to prevent a reparation of the injury, and to induce gangrene. The small amount of blood which was gradually lost could not have contributed, in any material degree, to the fatal issue; and had the surgeon attempted to secure the femoral artery, he would have increased the difficulty, and hastened the patient's death. It was in vain, then, to depend on tying the vessel to arrest the hemorrhage, expecially as dissection disclosed the fact that no important branch was divided, and hence the blood continued to ooze as the result of a hemorrhagic tendency. All that was demanded was to keep the lips of the wound in apposition, and to support the patient's strength. Amputation, although it offered but little prospect of success, was justifiable as a last resort.

ED. LANCET.]

ART. VIII.—LITHECTASY.—[The following article presents a good description of the mode of performing this operation; it has heretofore received but little attention from surgeons, and we cannot avoid the conclusion, that it will never attain the anticipated favorable results. ED. LANCET.]

Case illustrative of the value of Lithectasy. By THOMAS ELLIOT, Esq., Carlisle.—[It will be remembered that we referred to Dr. Willis' account of this new way of removing stone from the bladder in Retrospect, Part V. (p. 196,) where it will be found by those interested in such matters. We are much pleased to see this operation successful in the hands of Mr. Elliot, of Carlisle, and hope that it may be found worthy of more extensive trial by our leading operators. As yet, however, we have seen but little notice taken of it. Before describing this operation as practiced by Mr. Elliot, we will once more give the directions of Dr. Willis.]

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Let the urethra be opened upon a grooved staff in the mesial line and behind the bulb to the extent of a few lines, as used to be done in the old operation of *boutonnierre*, or as Cheseldon did in his last operation, and every objection to the procedure is at once removed: To make such an opening, a lancet, in the absence of an implement with greater fixedness of parts, would perfectly suffice: and the urethra once opened, we can dilate to the extent we please if we will but be patient. The vegetable tents of M. Guerin can always be procured, and nicely made would answer indifferently well to effect the needful opening. But an apparatus that is far preferable, that can be controlled to a nicety in its effects, and that is much more powerful than the tent, while its operation is still of the best kind, is the fluid pressure dilator of Dr. Arnott. This is an instrument which consists of a cylindrical tube of silk lined with the thin gut of a small animal to make it water-tight, fixed upon a canula which traverses its axis, and having attached to its outer end a syringe guarded with a stop-cock, by which it may be forcibly distended with water or mucilage. This instrument when empty exceeds but little in size the bulk of the canula or catheter with which it is connected, and is therefore easily introduced along the groove of the staff into the bladder. When there, it can be gradually distended to its utmost limits, and being made of so tough a material as silk, it expands evenly and it is not liable to be burst by any degree of force that can be usefully employed. In Dr. Arnott's original case, thirty hours, during which the urine passed regularly guttatim by the canula, and the patient complained of no pain, but merely of a sense of distension, sufficed to accomplish dilatation to the extent necessary for the introduction of the forceps, and the easy extraction of a stone having the dimensions of a walnut. And this without risk for one moment to the patient! The wound in the perineum is a mere scratch; in itself and immediately it is hardly so dangerous as the puncture that is made in venesection; ulteriorly it can by no possibility be followed by any evil or unpleasant consequence; the urine never even comes in contact with the raw surface—the dilator is introduced, and immediately this fluid so poisonous to open wounds, finds no passage save through

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the canula. Before the dilator is again withdrawn, the fresh surface has become covered with coagulable lymph, through which nothing can penetrate; and the stone being removed, the gap might be closed with a couple of points of twisted suture, and the urine made to come away at once by the whole length of the natural passage.—[Retrospect, Part V, p. 196.

Mr. Elliot, it will be seen, has deviated from the above plan "as it appeared to him that any advantage that could be gained by external incisions so very limited as Dr. Willis recommends would be much more than counterbalanced by the inconvenience that might possibly attend the introduction of the dilator, by the difficulty of securing any blood-vessel in case it were necessary, and by the additional resistence that would be offered to the process of dilatation, and to the subsequent removal of the calculus." The patient, Thomas Irving, aged 17, stone-mason, was in otherwise good health the time the following operation was performed, and the stone was supposed to be of small size. Mr. Elliot procured from Mr. Weiss, of London, a dilator with stop-cock and syringe, as described by Dr. Willis, and proceeded to operate as follows:—

The grooved staff was introduced, and the stone felt and heard. The patient was then secured in the same position as for lithotomy, and the different steps were precisely the same as in that operation, until the prostate and membranous parts of the urethra were exposed. The latter was opened close to the prostate, and divided cautiously towards the bulb, by carrying the knife along the groove of the staff, till an opening was made of sufficient size. The staff was then withdrawn, and the point of the fore finger of the left hand served as a guide for the introduction of the dilator, which having been previously well greased, was passed along without any difficulty. A little warm gum-mucilage was next slowly injected into the instrument, until the patient slightly complained of the feelings of distension. On removing him from the table to the bed he complained of a strong inclination to make water, which was found to arise from the dilating part of the instrument having slipped into the bladder. It was emptied, partially withdrawn, and, when fairly within the neck

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of the bladder, again distended. In this position it was secured by attaching a long tape to it, and around the patient's foot, which again was fastened to the bed-post. The patient did not complain above his breath during the operation, nor lose more than two or three drachms of blood. Another opiate was now administered.

In three hours' time, a few teaspoonfuls of the mucilage were again thrown into the dilator until the patient complained. Urine had passed freely along that part of the tube which communicated with the bladder. He slept occasionally during the day, and the pulse was natural. *30th*, half past 8, A. M. Going on well; thought the distension as much as he could bear. At 1, P. M. Slight sympathetic tenderness over the whole of the abdomen; pulse 104, irritable; uneasy from distension; the pain of perineum on coughing; tongue clean and moist. Gave him an opiate, and sent word to my medical friends, who met me at 3, P. M. I then, in their presence, emptied the dilator, and withdrew it, at the same time passing my left forefinger along it into the bladder. I immediately felt the stone, which was of small size, and in shape resembled a coffee bean, being about four times its size. It was removed with the scoop and finger. The prostate was well dilated, and would have allowed the removal of a calculus of more than an inch in its shorter diameter. The uneasiness of the abdomen and perineum disappeared on the withdrawal of the dilator. A lithotomy-tube was then left in the wound. At 12, *med. nocte.* Urine had passed freely; pulse 96; tongue moist; no pain; had slept well; ordered a dose of castor oil. *31st.* Bowels not moved; had an enema; appetite good; says he never felt better. *Aug.* 1*st*, A. M. Complained of slight uneasiness, which disappeared on the removal of the lithtomy-tube; going on well. At 10, P. M., was able to retain his urine, and could expel it by the wound. At midnight passed about half-a-cupful by the natural passage. He was directed to lie on his right side, to favor its passage along the urethra as much as possible. *2nd* to 11*th*. Going on well; bowels regular; tongue clean; no constitutional disturbance; urine escaped freely both by the natural passage and wound; deposit of mucus in it; no pain; each night had taken a composing draught. 12*th*. Had a rigor.

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13th. Complained of pain along the left spermatic cord. *15th*. Left testicle swollen. *20th*. Unable to void his urine by the natural passage at all; *Ardor urinæ, gonorrhœa præputialis*. *24th*. There was a discharge of a teaspoonful, or two at the most of dark brown fluid, partly by the urethra, and partly by the wound. None of it had been kept. We supposed it to have been from a small abscess in the neighborhood of the bulb, from the circumstances of the rigor on the *12th*, and of no urine having passed along the urethra since the *20th*, though it had escaped freely by the wound.

For a few days he has labored under constitutional disturbance of a slight description, and for the first time since the operation, had not rested well at night. After the escape of purulent matter, however, on *24th*, he rapidly improved, and was able to walk out before the end of the month, occasionally calling at the surgery, and other places still more distant from his home. For a short while, a few drops of urine occasionally escaped the perineum when he was making the last usual efforts to expel it, until the wound finally closed. He has followed his employment (which is now that of a pipe-maker) from the *3rd* of September to the *4th* of October, and has improved much in appearance, being considerably stouter than before the operation; and he says he would willingly submit to it again if afflicted with the same complaint. I may mention that the patient was seen at different times by Dr. Lonsdale of Edinburgh, and by Messrs. Kerr and Linton of this city, beside those present at the operation.

Remarks.—1. It will always be advisable beforehand to dilate the urethra and neck of the bladder as much as possible, by the introduction of bougies gradually increased in size, both to facilitate the passage of the dilator, and to accustom those parts to the presence of a foreign and irritating body. 2. Before operating, as well as during the process of distention, an opiate operates advantageously, by diminishing the sensibility, lessening any chance of shock, and relaxing the part. 3. The grooved staff should be large, and pressed against the perineum, not hooked against the pubis, as in lithotomy, care being of course taken to prevent its escape from the bladder. 4. The external incisions I would recommend to be

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free, since, if the prostate were unfit to undergo the process of dilatation, either from great rigidity, as is frequently found in old subjects, or from morbid irritability—the operation could be at once completed by converting it into lithotomy. It will be unnecessary to repeat the reasons before given, for the preference afforded to this plan of proceeding. 5. The form of the dilator sent to me by Mr. Weiss might be improved by making it cylindrical, and not tapering towards each end. There would thus be no risk of its slipping from its position. The signs of its being properly placed are the feeling of distension and immobility. When it slips into the bladder (as happened in this case, on removing the patient from the table,) the instrument can be pushed inwards towards the bladder, cannot be withdrawn, the tube is very moveable in all directions, and the patient experiences *tenesmus vesicæ* without any feeling of distension. It would be better if the dilating part of the instrument was of sufficient length to appear in sight, as the operator would be not only certain of its position, but able also to judge of the degree of tension when injecting the fluid—a much safer criterion than trusting to the feelings of the patient, who might possibly submit without complaint to a pressure that would prove injurious. The instrument would be also improved by attaching a small stop-cock to the urine tube, and another to the tube that communicates with the dilator, as that which screws into the syringe is apt to slip when left in the tube. If the piston of the syringe was graduated, and the dilator perfectly water-tight, the surgeon would be able to judge exactly of the degree of distension of the prostate by the quantity of the fluid injected; and this would at once enable him to remove the instrument as soon as the dilatation was complete. 6. The length of time requisite for dilating will, of course, vary according to the resistance of the prostate and degree of force used; but I would strongly urge its being done at intervals, for, say quarter of an hour at a time, as less likely to cause irritation than if continued for a period of 30 to 40 hours, as has been mentioned. When the dilator was withdrawn in this case, two fingers could be introduced with the greatest ease along with the scoop.

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The instrument, when fully distended, measured 4½ inches in circumference, and is about the size of a hen's egg; and a stone of the same dimensions might have been easily extracted. Though twenty-five hours elapsed before the removal of the stone, it could have been as easily effected, and the dilation must have been as complete at the end of the third hour, since no additional fluid was thrown in after that time. This period was allowed to elapse, as I certainly did not expect to meet with so little resistance, and be able to complete the operation in so short a time. The alterations in the length of the dilating part of the instrument which I suggested above, would have at once prevented this, nor would it have happened, could I have been certain that none of the fluid had escaped where the stop-cock is inserted into the tube, and by that means known that the distension was kept up. Though impossible to form a correct estimate of the operation from one case, I would be inclined to give a decided preference to this plan over that of lithotomy.

The patient, from beginning to end, could never be said to be in danger, as any hæmorrhage that might have taken place during the operation could have been easily controlled. The presence of the dilator effectually prevents any oozing, as well as the injurious contact of the urine with the raw wound. There was no chance of shock, no risk from peritonitis, infiltration of urine, inflammation of the veins of the neck of the bladder, nor any of the grave sequelæ that too often supervene on the operation of lithotomy. The only unfavorable circumstances that occurred during the progress of the case, were the formation of a trifling abscess, as previously mentioned, and the existence for a few weeks of a small fistula, which would barely admit a crow quill. The former would probably never have occurred, had not the pressure, as recommended, been uninterruptedly continued; and the latter, which healed up soon on his taking exercise and gaining strength, is of too frequent occurrence after lithotomy, to deserve more than a passing notice. Difficulties, which have been already stated, may occur, viz., great irritability or rigidity of the prostate. In such cases no time has been lost, if the preliminary incisions for lithotomy have been resorted to, and the prostate may be at once partially divided, and the stone removed.

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But is this step advisable, or even justifiable where the dilator can be employed? I should say not. The loss of a few hours, for the purpose of dilating, is, of course, of no moment, if the danger to the patient is lessened, or even removed, and whatever be the size of the stone, if the distention has been complete, it will be perfectly accessible to the most efficient crushing instruments, and its perfect and immediate removal rendered a matter of certainty.

This conclusion, which Dr. Willis anticipated, is fully warranted by, and could have been realised in the preceding case; and his able advocacy of this operation, with his bold and judicious estimate of its merits, as compared with lithotomy and lithotrity, entitle him to the highest esteem of his professional brethren, and to the warmest gratitude of every sufferer whom the operation may relieve.—[Braith. Retrospect, from Edinburgh Med. and Sur. Jour., Jan. 1843, p. 137.

[To show that the elasticity of the urethra is most remarkable in its membranous and prostatic portions, Mr. Bennett Lucas, in his clinical lectures at the Metropolitan Free Hospital, relates the case of a child 4 or 5 years old, in whom the calculus readily made its way to the commencement of the corpus spongiosum, where it was felt through the integuments, but no force or ingenuity could make it advance further. It was cut down upon and removed, and the little fellow recovered in a short time. The calculus had constantly advanced to this situation, and had as constantly receded into the bladder.]—[Prov. Med. and Surg. Journal, Feb. 18, 1843.

Art. IX.—*On Keratoplasty, or Transplantation of the Cornea.*—When the cornea is detached from the rest of the globe of the eye in an animal, and immediately reapplied by means of sutures, it unites again; and the same union takes place, even when the cornea is transplanted from the eye of one animal to another, its transparency remaining uninjured. The first experiments of this kind were made in 1818, by M. Reisinger, of Augsburgh, and repeated, but without success, in 1831, by M. Dieffenbach. MM. Himly and Thome, of Bonn, subsequently obtained some satisfactory results; but it was chiefly by the idea of Walther, of Munich, that the author's experi-

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ments [M. Feldmann, in conjunction with Mr. Davis, of Munich] were suggested.—[Braith. Ret., from Prov. Med. and Surg. Journal, Nov. 12, 1842, p. 132.

ART. X.—*Treatment of Leucoma by Incision into the Cornea.* By DR. HOLSCHER, of Hanover.—[This is a novel operation, and may become useful. At our suggestion, Dr. Taliaferro of this city, has tested the operations, and although it has not proved entirely *successful*, yet the results have been sufficiently *encouraging* to induce new trials of its efficacy. It is hoped that the final result, whether favorable or otherwise, may be communicated to the profession.

ED. LANCET.]

Two cases are related in which this treatment was adopted.—The case which suggested it was that of a girl, twenty-two years of age, who had lost the left eye from purulent ophthalmia in infancy, and in whom the right was almost blind from leucoma of nearly the whole cornea. Various means had been used in vain. The author, therefore, made an artificial pupil by drawing the iris through the cornea and excising a portion of it. Severe inflammation ensued which was with difficulty managed; but three months after, the patient not only had a good artificial pupil, but the cornea had become less leucomotous, and this especially at the part where the incision through it had been made. The next bad case of leucoma, therefore, which the author met with, he treated as follows:—The patient was a lad fourteen years old, who had lost his right eye from purulent ophthalmia in infancy, and had leucoma of nearly all the left cornea. At four different times, with intervals of eight days, a common cataract knife was passed into the cornea as deep as possible without penetrating it, and was drawn out with a sliding motion. After the first three times no inflammation ensued; therefore, after the fourth, some tinct. opii was dropped into the wound three times a day. Severe inflammation set in, but it was moderated by local bleeding, and the treatment by opium was continued for two months. The leucoma became gradually less, and the patient who could at first only discern light from darkness, became able to guide himself in walking, and to

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perceive the window-frames in his room. The second case was that of a man forty years old, who had leucoma of one eye from gonorrhœal ophthalmia. It had been variously but vainly treated for a year. The author made incisions into the cornea twice, with an interval of fourteen days. After the second, a tolerably severe inflammation ensued, which required active treatment. As soon as it had ceased, sulphate of zinc and tincture of opium were again dropped into the eye, and after a year and a half, not a trace of leucoma could be seen.—[Braith. Ret., from Lond. and Edin. Monthly Jour. of Med. Science, p. 558.

BIBLIOGRAPHICAL NOTICES.

ART. XI.—*Outlines of Pathology and Practice of Medicine.* By WILLIAM PULTENEY ALLISON, M. D., F. R. S. E., etc., etc. Philadelphia: Lea & Blanchard. 1844. pp. 424.

THE object of Dr. Allison's treatise is rather to furnish a text book for lecturers, than to elaborate a full system of practical medicine. It must not be inferred from this remark, however, that the work is exclusively adapted to the purposes of lecturers, or students acquiring an elementary knowledge of these sciences; such, indeed, would be a very erroneous conclusion, as the subjects are discussed in a manner sufficiently copious to interest and instruct even the advanced practitioner. The *principles* of medicine have not been obscured, in this work, by giving undue attention to practical precepts; but the natural relation subsisting between the two has been preserved, and the whole presented under the most advantageous circumstances. Dr. Allison remarks, "any one who undertakes to teach the practice of medicine must be prepared to explain the grounds of his opinions; as well as to state the facts, and describe the appearances, on which he is to found his practical precepts." In carrying out these views, the author sufficiently deals in first principles by adverting to the chief physiological and pathological questions connected with the subject; and thus the *methodus medendi* is fairly placed upon intelligible and rational grounds.

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We cannot but regret to see, in all the recent English books on practice, what should now be considered a very great error, and that is, using the term *typhoid fever* as applicable to the *typhoid state*. Whether we adopt *all* the opinions of the French, Germans, and many American practitioners, in relation to the distinct and peculiar character of typhoid fever; we are, nevertheless, impelled by every principle of sound philosophy to withhold that term as denoting *idiopathic* fever, from application to the typhoid *state*,—a condition that may be complicated, as an incidental result, with any fever on the face of the earth. We regret that Dr. Allison has fallen into this most palpable but too common error.

We have not thrown in this last sentence as condemnatory of Dr. Allison's book; on the contrary, it is an error alike common with all the English writers, and hence the author before us is no more censurable than his contemporaries. Dr. Allison's treatise very beautifully associates physiology, pathology, and practical medicine in an indissoluble group; indeed he has placed them just where they should be, and no man can separate these several integral parts without doing violence to true science. The book will be valuable to the lecturer and student; and the laborious practitioner, whose engagements preclude more elaborate researches, will find here an epitome of nearly all that is contained in the more extended systems.

For sale by Messrs. Desilver & Burr, 112, Main Street.

ART. XII.—*Pathological Hæmatology: an Essay on the Blood in Disease.* By G. ANDRAL, Professor of General Pathology and Therapeutics in the University of Paris, etc. Translated from the French by J. F. Meigs, M. D., and Alfred Stillé, M. D. Philadelphia: Lea & Blanchard. 1844. pp. 129.

THIS is confessedly a perplexing subject. We are at once confronted with the various enigmas of humorism and solidism, anxious, as our predilections and preconceived prejudices may impel us, to eschew the one and establish the other. At the present moment, diseases of the fluids are claiming much attention. The ancient humoral doc-

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trines, which were generally the result of the most vague speculations, gradually sunk into obscurity as the light of science guided medical investigations, until scarcely a vestige of these errors remained, and doubtless some true principles were lost in this reaction. The opposite extreme, *perhaps*, followed; and solidism became triumphant. Now, we seem veering back to humorism, and who so sagacious as to say where we shall land?

Few men of the present age could enter upon the very difficult investigation of diseases of the blood with greater prospects of satisfactory results, than M. Andral. He has the ability, the means, and the application. How far he has succeeded, in the present work, we cannot *now* pretend to decide; but that his investigations are elaborate, and conducted in a spirit of patient and philosophical inquiry, cannot be denied. The following topics are discussed by the author, and some of the views expressed have not heretofore been published:

CHAP. I.—On the best method to pursue in the study of Pathological Hæmatology.

" II.—On the blood in disease:—1. Of the blood in plethora; 2. anæmia; 3. pyrexiæ; 4. phlegmasiæ; 5. hemorrhages; 6. dropsies; 7. organic diseases; 8. neuroses.

We can only now remark, that whatever may be our predilections on this subject, the researches of M. Andral deserve mature consideration, as they emanate from a master in the profession. We design to advert to this subject and book at some subsequent time.

For sale by Messrs. Desilver and Burr, 112, Main Street.

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THE WESTERN LANCET.

CINCINNATI, JUNE, 1844.

MEDICAL CONVENTION OF OHIO.

The annual meeting of this association was held in Mount Vernon, commencing on the 28th of May, and remaining in session three days. About *one hundred* members were in attendance, ninety-four being registered, but a number were present whose names were not recorded. We regard this as one of the most satisfactory and successful conventions ever held in the State. It is true, the original papers read were not as numerous as was anticipated; but the discussions elicited, taken in connection with the essays themselves, and several highly important measures originated during the sitting, indicate that the members were not inactive. Indeed, but one feeling seemed to pervade this large assemblage of medical men, and that was, a disposition to vie with each other in contributing their influence to secure the objects for which the members had convened.

As we have published in our extra limits, very copious minutes of the proceedings, any further notice is deemed unnecessary at this time. We will, at another time, offer some reflections on the important measures which are recorded in the minutes.

Transylvania University.—The annual circular of the Medical Department of this institution, which is now before us, exhibits several important modifications in its Chairs. The following is a list of the Faculty, and the branches upon which they lecture:—

B. W. Dudley, M. D., *Professor of the Principles and Practice of Surgery*; Wm. H. Richardson, M. D., *Professor of Obstetrics*

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and the Diseases of Women and Children; THOS. D. MITCHELL, M. D., *Professor of Materia Medica and Therapeutics*; ROBERT PETER, M. D., *Professor of Chemistry and Pharmacy*; LOTAN G. WATSON, M. D., *Professor of Theory and Practice*; JAMES M. BUSH, M. D., *Professor of Special and Surgical Anatomy*; LEONIDAS M. LAWSON, M. D., *Professor of General and Pathological Anatomy and Physiology.*

It will be seen by the above arrangement, that the departments of Anatomy and Surgery, which were heretofore united, have been separated, and now constitute distinct chairs. Professor Dudley will lecture exclusively on the Principles and Practice of Surgery, and Professor Bush will devote his entire attention to Anatomy.

The advantages of this arrangement are sufficiently obvious. Professor Dudley, who deservedly ranks among the ablest teachers of the age, will be untrammelled by the duties of the Anatomical Chair, and hence his whole energies will be devoted to the Surgical Department. His instructions, therefore, will be most complete and thorough.

In the Anatomical Chair, Professor Bush, who is known, *by those who have received his instructions*, as a most able and indefatigable teacher of Practical Anatomy, will be able to extend the usefulness of this fundamental department of medical instructions; and in connection with the exertions of the Demonstrator of Anatomy, E. L. Dudley, M. D., no doubt can remain, that Practical Anatomy will be taught with as much fidelity as in any institution in America.

We cannot but allude with pleasure to the selection of an eminent southern physician as professor of Theory and Practice. The practical knowledge necessarily acquired in his locality, will pre-eminently qualify him for instructing the class to which he will lecture. This appointment is a *desideratum.*

THE LANCET.—It will be seen by reference to the preceding article that the editor of the Lancet has been appointed a Professor in the Medical Department of Transylvania University; and we advert to the subject now for the purpose of saying, that this event will not

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interfere with the publication of the Lancet. In addition to our interest in Transylvania, the Lancet will, as heretofore, be devoted to the advancement of the profession generally.

We hope to be able by recent arrangements to add to the interest of the Lancet, by receiving contributions from the Faculty of Transylvania.

The Lancet will hereafter be published simultaneously in Lexington and Cincinnati. All communications should, as heretofore, be directed to the editor at Cincinnati, until further notice. The present number has been unavoidably delayed a few days, in consequence of the absence of the editor to the Medical Convention of Ohio at the usual period of making up the matter for the number. We will be forthcoming in due time hereafter.

Cleveland Medical College.—This institution has by an act of the Legislature, become the Medical Department of Western Reserve College, by which it acquires full collegiate powers. Sixty-seven, pupils were in attendance at the last session, eighteen of whom received the degree of Doctor of Medicine. The Honorary degree was also conferred on the following gentlemen: John B. Clark, Richard Hewitt, Phlimmon C. Bennett, Lorenzo Warner, L. D. Griswold, Daniel Stahl. This institution evidently contains the elements of success, and it cannot be doubted that, with the present efficient Faculty, it is destined to become a prosperous school. The following extract from the circular is fully justified by the prospects of the institution: "In conclusion, the Professors beg leave to express the great pleasure they feel in being able to assure their numerous medical friends, and others who have kindly interested themselves in behalf of this medical school, that they regard the question of its entire success as permanently settled, and that too upon a plan co-extensive with the wants of northern Ohio, and the bordering States."

Willoughby University.—The Trustees of this respectable medical school manifest a praiseworthy determination to sustain the reputation and usefulness won for it in past days. *Fifty-two* students

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were in attendance the last session, and the Degree of M. D. was conferred on seven. The Honorary Degree was conferred on the following physicians: — Joel B. McFarland, Henry Manning, J. B. Ackley, Alex. Anderson. When the many difficulties surrounding this school, especially an almost entire change of the Faculty, is remembered, the number of students is quite as large as could have been anticipated. The Faculty are well qualified to discharge the duties of their respective Chairs. The Trustees make the following declaration: "We, in full confidence, assure all who are engaged in medical studies, that the institution is what its founders intended it to be, an institution affording whatever, and *all* that is essential to a thorough an scientific medical education. That it is free from sectarian influences of every description."

We noticed in a former number the prosperous condition of the Medical College of Ohio. Students now have a variety of schools from which to select a favorite.

Illinois Medical and Surgical Journal.—We have received the first and second numbers of a new medical journal just starting at Chicago, Ill., under the auspices, we presume, of the Rush Medical College; it is edited by James V. Z. Blaney, M. D., one of the Professors in the medical school. We take great pleasure in extending to this new journal the usual courtesies, assured as we are, from its present appearance, that it will be an efficient auxiliary in extending periodical literature—a variety of medical knowledge of far greater importance than some seem to imagine. We would commend our new contemporary to the physicians in those districts of country in which it is more expecially intended to circulate, assuring them that it will be well worthy of their patronage.

The New Orleans Medical Journal.—New medical journals are rapidly multiplying. This we are gratified to witness, for the very obvious reason, that, if well conducted, they will excite a more lively desire in the profession for reading; and just in proportion as

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this result is secured, will the profession be elevated, and medical learning augmented. Every successful new journal is another gem added to the common store of the profession. Such, we trust and believe, the New-Orleans Medical Journal will be; and in extending to our southern contemporary the hand of fellowship, we wish to assure them, that their success will afford us great pleasure, and, doubtless, in common with the profession generally, much benefit. The journal is edited by E. Fenner, M. D., and A. Hester, M. D.; the present number is energetic and spirited, and contains a large mass of valuable matter.

Medical Society of Tennessee.—Having heretofore noticed the proceedings of this society, we take great pleasure in adverting to its *fifteenth* annual meeting, which took place in Nashville, May 1st, 1844. The following officers were elected for the ensuing two years: Dr. A. H. Buchanan, of Nashville, *President*; Dr. G. Thompson, of Rutherford co., *Vice President*; Dr. C. K. Winston, of Nashville, *Corresponding Secretary*; Dr. J. W. Stout, of Nashville, *Recording Secretary*; Dr. R. Martin, of Nashville, *Treasurer*.

Great credit is due the profession in Tennessee for sustaining a medical society for *fifteen years*; while others have been permitted to sink into neglect, the spirited members of this society have not only kept it alive, but rendered it a highly useful and prosperous association. Several papers were read, and members were appointed to present reports at the next meeting. The society has *resolved* to enter upon the examination of *animal magnetism*, for which purpose a committee of twelve has been appointed, to report at the next meeting. We predict that the society will find the *magnetic literature* a troublesome and unprofitable subject—much less tangible than pills and plasters.

The following communication is admitted in consideration of the author being a graduate of the institution referred to, and a desire on his part to bear testimony to the qualifications of his teachers, without impugning the motives of individuals, or disparaging the standing of

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other teachers and schools. This is the only course that strictly accords with professional probity; a party assailed have a right, and should not scruple to exercise it, to act on the defensive, and the supporters of any medical institution may, with propriety, endeavor to sustain their favorite by exhibiting its positive merits; but the disreputable negative means of an attempted elevation by the depression of competitors, should never be countenanced. The violation of these principles is the chief cause of the many unfortunate collisions witnessed among rival institutions, which every lover of the prosperity and dignity of the profession must sincerely deprecate.

Transylvania Medical School.—*Mr. Editor:*—I have lately seen in the Western Journal of Medicine and Surgery some extracts from articles published in a Lexington newspaper, from the pen of a graduate of Transylvania University, in which the writer compares the catalogues of the three principal western schools, and finds that Transylvania, instead of being the first, as has always been the case heretofore, in point of numbers, is only the second. He then goes on to point out the reasons of this falling off, and this he endeavors to show is owing to the fact that the Chairs of Anatomy and Surgery have been united in one professor, and that a greater amount of anatomical information is imparted at the Institute in Louisville, where "a gentleman of distinguished talents and acquirements devotes the whole of his time to anatomical lectures." Now, what are the facts: Professor Dudley has, indeed, heretofore filled both these Chairs, but he has been assisted, for some time, by Adjunct Professor Bush, who is also a "gentleman of distinguished talents and abilities;" and the lectures in the course of the session were equal in number to those in any school in the country.

I have the honor, also, Mr. Editor, of being a graduate of Transylvania, and attended during the three sessions from 1838 to 1841, during all of which time there were large classes, and so far from there being any discontent manifested with the lectures on Anatomy and surgery, I am sure the very contrary was the case; these lectures being always attended with great punctuality by the whole class, and with every mark of satisfaction. Under the old organization, Prof.

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Dudley lectured nine times per week, (and he never lost a lecture during the three sessions that I was there) and Prof. Bush lectured three times per week to the general class, and six times per week to a private class, which private class had the benefits of the dissecting rooms without any additional fee, and where Prof. Bush was always in attendance to assist those who were prosecuting the study of practical anatomy. Under the new organization, Prof. Bush being now in the Chair of Special and Surgical Anatomy, he will deliver *six* lectures instead of *three*, I presume, and Prof. Dudley six. From these facts, (and that they are the facts I do not think any one can doubt,) it will be plainly seen, that the advantages are as great in Lexington for acquiring a knowledge of anatomy and surgery, as at any school in the country. As for the qualifications of Prof. Dudley to fill either or both of these Chairs, it is unnecessary for me to say anything; any one who has ever attended his lectures knows what a happy faculty he has of imparting instruction, and how perfectly he commands the attention of his class. Prof. Bush was, also, always considered one of the best anatomists in the country, and gave great satisfaction to his class. From the great abundance of his preparations, many of which he has prepared himself, and a great many which he brought from Europe, I have no doubt he will be able to make his branch quite as interesting and useful as any other lecturer in our country.

I have no desire to say anything in disparagement of the other schools, but I *do* desire to see the facts stated correctly. O. H. D.

Transylvania Medical School.—In the Boston Courier there was an article last week, taken from the Louisville Journal, stating that Drs. Cross, Mitchell, and Richardson, are said to be making war upon Drs. Dudley, Bush, etc. All this may be true for aught we know to the contrary, yet it really appears very strange that such agreeable men, after having been associated for many years, could suddenly fall to loggerheads. Dr. Dudley has a reputation that secures him against the assaults of a brigade of assailants; and a fortune sufficiently ample to provide for two generations of lineal descendants, should he never see another school of medicine. When the old Transylvania institution dies, many will deplore its death.—[Boston Med. and Surg. Journal.

We quote the above passage for the purpose of correcting the

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gross error into which the author of the original article has fallen, and which is hinted at by our friend of the Boston Journal. Now, so far from this report being true, which seems to have originated in the Louisville Journal, Professors Dudley, Bush, Mitchell, and Richardson are on the most amicable terms, and there is not the most remote probability of these friendly relations being disturbed.

There seems to be an intimation in the article, also, that the school is on the decline. This is equally untrue. The statistics of the institution will disprove this assumption. The following is a list of the various classes that have attended the school, beginning with its organization in 1819—20, viz.: 37, 93, 128, 171, 200, 134, 281, 190, 152, 206, 199, 230, 215, 222, 262, 238, 262, 242, 227, 211, 257, 254, 271, 204, 214.

Now those who can find evidence of decline in this table, have more acumen than is common to mankind. No institution in the country exhibits greater uniformity in its class, including the *last session*, than Transylvania. How supremely ridiculous, then, the report that the institution is rapidly declining!

Finley's Blue Lick Water.—The mineral water found at the Upper Blue Licks, Ky., known as "Finley's Blue Lick Water," has not, previous to this time, attracted much notice abroad, nor has it until now been analyzed. The proprietor recently brought a specimen of the water to this city, and it was submitted to analysis by John A. Warder, M. D., Professor of Chemistry in the Cincinnati College. The following result of a *qualitative* analysis will establish what the sensible properties indicated, a similarity in medicinal properties, between this water and that of the Lower Blue Licks, so favorably known throughout the United States.

Qualitative Analysis of the Upper Blue Lick Water.—Solutions of lead produce a copious brown precipitate, showing a large quantity of sulphuretted hydrogen, making this a *sulphur water*. Lime water gives a white cloud, indicating the presence of free carbonic acid or bicarbonate of lime in solution; which latter is also manifested by oxalic acid, which throws down a dense white precipitate.

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Nitrate of silver throws down a curdy grey precipitate, indicating the presence of *salt*; this becomes rapidly brown from the effect of sulphuret of silver formed. Water that has been boiled precipitates with this reagent the heavy curdy chloride of silver, indicating salt in considerable quantity.

Oxalic acid and oxalate of ammonia gave a white precipitate of lime, rather copious.

All the soluble salts of barytes give a white precipitate, showing the presence of sulphuric acid, in combination.

Phosphate of ammonia and ammonia give a white precipitate.—From the foregoing and other tests applied to this water, it appears to contain sulphuretted hydrogen in large quantity; carbonic acid gas; chlorides of lime, magnesium, and sodium; sulphates and carbonates of lime, soda, and magnesia. It is also probable that the sulphuretted hydrogen combines with the bases.

The sensible properties confirm the analysis in the belief that this water corresponds with that from the Lower Blue Licks, so much valued as a medicine. The contents of this water render it highly useful as an aperient, and its sulphurous qualities indicate its utility in a large class of diseases in which such remedies are indicated.

Indiana Medical Institute.—The annual meeting of this association was held in Rushville, on the 6th of May last. The following officers were elected for the ensuing year: Dr. J. Helm, *President*; Dr. Wm. Bracken, *Vice President*; Dr. Wm. H. Martin, *Secretary*; Dr. Marshall Sexton, *Librarian*. Dr. Wm. Frame, *Treasurer*; Drs. H. G. Sexton, E. T. Bussell, E. H. Reynolds, *Censors*. The following members constitute the Board of Examination: Dr. J. Helm, on *Anatomy and Physiology*; Dr. E. T. Bussell, *Chemistry*; Dr. E. A. Reynolds, *Materia Medica*; Dr. Wm. Frame, *Theory and Practice of Medicine*; Dr. H. G. Sexton, *Surgery*; Dr. Wm. H. Martin, *Obstetrics and Diseases of Women and Children*. Drs. Marshall Sexton, and William Fellows were admitted members. The next meeting will be held on the 24th of June.

We are highly gratified to witness the praiseworthy energy

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manifested by the members of this association, and if continued, which we doubt not they will be, the profession will be greatly benefitted by their labors.

Morgan County Medical Society.—This society held its annual meeting in McConnelsville, O., on the 21st and 22nd of May, at which time the following officers were elected for the ensuing year: Dr. C. Robertson, *President*; Dr. J. G. Shoch, *Vice President*: Dr. E. Dawes, *Secretary*; Dr. H. C. Grimmel, *Treasurer*; Drs. J. C. Clarke, E. Dawes, L. Little, *Censors*. Drs. U. Hurd and P. Heitz were admitted members.

Dr. Robertson having announced the death of Dr. Isaac T. Shartle, the following resolutions were adopted:—

"*Resolved*, That this society deeply regrets the death of their professional brother and fellow-member, Dr. Isaac Shartle.

Resolved, That by his death the society has been deprived of an amiable and gentlemanly member, and the community in which he lived of a most estimable citizen."

This is an old and efficient society, and we record with great pleasure its continued prosperity.

Postage on Medical Journals.—It is of the utmost importance to the profession, and indeed to the whole community, that every facility should be afforded for the diffusion of medical, agricultural, and scientific intelligence. To accomplish this, medical men, agriculturists and others should unite to induce Congress to reduce the postage on such periodicals to the same rate as that on newspaper.—[Philadelphia Medical News.

We fully agree with the above opinion in relation to the postage on medical journals; and we would suggest the propriety of presenting a memorial to the next session of Congress, asking for such reduction of postage. The next session would be a peculiarly appropriate time for such a measure, as the rates of postage will most probably undergo some modification at that time.

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French Academy of Sciences.—An election was held on the 18th of March, to supply the vacancy created in the section of Surgery by the death of Sir Astley Cooper. The following names were presented for the appointment: Sir B. Brodie, Dr. Mott, MM. Dieffenbach, Chelius, Stromeyer, and Riberi. Sir B. Brodie was elected.

St. Louis University.—We have received the Annual Announcement of the Medical Department of St. Louis University, from which we extract the following particulars: Faculty—Charles A. Pope, M. D. Prof. of Special, General, and Surgical Anatomy; J. V. Prather, M. D., Prof. of the Principles and Practice of Surgery; J. W. Hall, M. D., Prof. of Physiology, Pathology, and Clinical Practice; M. L. Linton, M. D., Prof. of the Principles and Practice of Medicine; J. G. Norwood, M. D., Prof. of Mat. Med. Therapeutics, and Med. Jurisprudence; A. Litton, M. D., Prof. of Chemistry and Pharmacy; M. M. Pallan, M. D., Prof. of Obstetrics, and the Diseases of Women and Children; W. D. Stirman, M. D., Prosector.

The Trustees express the most decided conviction, that the institution is, in every way, fully competent to meet the wants of medical students. We notice with great pleasure that the anatomical cabinet, which was so basely destroyed by an infuriated mob last winter, has been replaced by one altogether superior to that which was destroyed.

Lee's Midwifery.—This valuable work constitutes the quarterly issue of the "Select Medical Library." The book is composed of lectures delivered at St. George's Hospital and published in the *London Medical Gazette* during 1842—3. The American edition is a re-publication without any alterations or additions. The author is so well known as an able obstetrician that no eulogistic notices are required to bring his work into notice. It contains 540 pages, is well illustrated with numerous wood cuts, and is printed in a style highly creditable to the publishers.

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EXTRA LIMITS.

MINUTES

OF THE

MEDICAL CONVENTION

OF OHIO.

TUESDAY MORNING, 10 *O'CLOCK*,
May 28th, 1844.

Pursuant to adjournment, the Seventh Annual Meeting of the Medical Convention of Ohio, was held in Mount Vernon, commencing on the 28th of May, 1844.

The Convention having been called to order by the President, Professor Harrison, the following committee was appointed to report the names of those who were entitled to membership, viz: Drs. Boerstler, Mussey, R. Thompson, Russel, and Ackley. The following names were reported by the committee.

D. L. McGugin, Mt. Vernon, Knox co, O.
B. W Pumphrey, " " "
R. Moffatt, " " "
J. N. Burr, " " "
W. P. Farquhar, " " "
——— Kirk, " " "
M. Thompson, " " "
A. R. Brown, " " "
J. W. Russell, " " "
T. J. Cogely, " " "
F. Pazzig, " " "
Jas. Simpson, " " "
Flemming Willett, " " "
Jas. Scott, Bladensburg, " "
Sam'l Stough, " "
D. Wetherell, Granville, Licking co., "
J. D. Cooley, Homer, " "
A. Rogers, Millwood, Knox co., "
M. Effinger, Lancaster, Fairfield co., "
G. W. Boerstler, " " "
L. Dyer, Fredericktown, Knox co., "
L. C. Carey, Mt. Gilead, Marion co., "
A. G. Miller, Mansfield, Richland co., O.
J. G. F. Holston, Norwich, Muskingum co, "
R. J. Patterson, Lun. Asylum, Columbus, "
A. N. Boalse, Lockburn, Franklin co., "
Jno. G. Klapp, Galena, Delaware co., "
Wm. Bushnell, Mansfield, Richland co., "
J. W. Allen, Fredericktown, Knox co., "
J. P. Henderson, Nashville, Richland co. "
D. A. Lathrop, Bellview, Huron co., "
R. L. Howard, Columbus, "
Jno McFarland, Wash'n, Guernsey co., "
A. N. McMillen, Newark, Licking co., "
J. B. Thompson, Columbus, "
Prof. Butterfield, Willoughby, Lake co., "
" Paddock, do. " "
" H. A. Ackley, Cleveland, "
" J. P. Harrison, Cincinnati, "
" R. D. Mussey, " "
L. M. Lawson, " "
—— Hall, Nankin, Richland co., "
—— O'Conner, Centreburg, Knox co., "
Wm. Laughridge, Ashland, Richland co., "

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F. B. Griffith, Washington, Richland co, O.
P. Beeman, Sidney, Shelby co., "
J. M. Chandler, Mansfield, Richland co., "
J. M. Smith, Belville, Richland co., "
E. Gaston, Morristown, Belmont co., "
D. McCann, do. do. "
T. J. Reagrare, Sharon, Muskingum co., "
—— Tharp, Martinsburg, "
D. Barnes, New Castle, Cochocton co., "
Thos H. Roe, Nashport, Musking. co., "
—— Baird, " " "
R. Thompson, Columbus, "
A. H. Baker, Eaton Preble co., "
J. F. Hillard, Clayton, Montgomery co., "
E. F. Bryan, Granville, Licking co., "
E. Nicholas, Centerburg, Knox co., "
Chas. Robertson, McConnelsvile, Morgan co., "
Geo. F. Mitchell, Olivesburg, Richl'd co, "
D. J. Resley, Mt. Liberty, Knox co. "
L. M. Whitney, Canton, Stark co., "
Dan'l Marble, Newark Licking co., "
R. K. Enos, Millersburg, Holmes co., "
S. Mix, Democracy, Knox co., "
J. N. Green, Bainbridge, Ross co., "
C. J. Gifford, Granville, Licking co., "
N. Fuller, Utica, " "
B. Stickney, Chesterville, Knox co., "
S. M. Hewitt, " " "
John McCreary, " " "
D. S. Maynard, Galloway P.O, Knox co; "
H. C. Hauts, Mt. Hally, "
S. Welsh, Millersburg, Holmes co., "
W. Bowen, Massillon, Stark co., "
S. H. Potter, Alexander, Licking co., "
R. B. Rogers, Millwood, Knox co., "
J. S. Irvine, Millersburg, Holmes co., "
S. G. Armor, " " "
A. Abernethy, Lexington, Richland co., "
C. Damsell, " " "
A. W. Thompson, Kingston, Ross co., "
J. B. Jones, Circleville, Pickaway co., "
Edward Rowland, Delaware co., "
—— Varian, N. York.
J. J. Turner, Fredericktown, Knox co., "
Prof. H. S. Thrall, Gambier, Knox co., "
T. A. H. Dickerson, Newark, Licking co., "
J. H. Page, Sparta, Knox co., "
Sam'l B Owen, Palmyra, Knox co., "
A. Riggs, Mt. Liberty, Knox co., "
S. B. Page, Delaware co., Nimons' P.O., "

A committee consisting of Drs. J. B. Thompson, L. M. Lawson, A. H. Baker, R. L. Howard, and L. Dyer, was appointed to nominate officers for the Convention; and after retiring a few moments, reported the following names, all of whom were unanimously elected.

PRESIDENT, R. D. MUSSEY,
1st VICE PRESIDENT, H. A. ACKLEY,
2d do. R. H. PADDOCK,
3d do. E. GASTON,
4th do. A. H. BAKER,
5th do. J. N. BURR,
6th do. J. B. THOMPSON,
COR. SECRETARY, J. W. BOERSTLER,
REC. do. L. M. LAWSON,
Do. do. R. J. PATTERSON.
TREASURER, A. H. BROWN.

On motion, the rules of the last session were adopted for the government of the present Convention.

The following papers were announced to be read during the sitting of the Convention:

1. Modern Science as a key to Man's Character, - By F. PAAZIG.
2. Malaria, - - - - L. DYER.
3. Typhoid Fever, - - - - L. M. LAWSON.

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4. Placenta Prævia Centrica, - - - J. G. HOLSTON.
5. The Pathology of Infantile Marasmus, - THOS. H. ROE,
6. On the propriety of Legalizing the practice of Medicine, W. BOWEN.
7. Mesmerism—A Review of Dr. Thompson's Valedictory, THOS. CARROLL.

On motion, the Convention requested the following members to deliver popular addresses: Prof. Butterfield, on Tuesday evening; Prof. Mussey, Wednesday evening; Prof. Harrison, on Thursday evening.

Convention adjourned to meet at 2 o'clock, P. M.

2 o'clock, P. M.

Convention met—President in the Chair. Prof. Harrison delivered his Valedictory address, On the Certainty and Uncertainty of Medicine. After the reading of the paper, the doctrines advanced in it were discussed by Drs. R. Thompson, Harrison, Mussey, and others.

On motion, the thanks of the Convention was tendered to Prof. Harrison for his address, and the paper was laid on the table to be disposed of at a future time.

Dr. Paazig read a paper entitled Modern Science as a Key to Man's Character.

A communication was received from Messrs. Lea and Blanchard, of Philadelphia, soliciting a list of the members of the Convention.

The following resolution was submitted by Dr. L. M. Lawson:

Resolved, That a Committee of seven be appointed to examine into the propriety of memorializing the Legislature on the subject of regulating the practice of Medicine and Surgery by Law; and if the measure is deemed expedient, to recommend a method by which it can be accomplished. The Chair appointed the following committee: Drs. Lawson, Ackley, Baker, Holston, Henderson, R. Thompson, and Robertson.

On motion, *Resolved*, That a Committee of Finance, to consist of three, be appointed, with instructions to report to the Convention to-morrow morning. Drs. J. B. Thompson, Effinger, and Marble were appointed said committee.

The Convention adjourned to meet to-morrow morning, at 8 o'clock, A. M.

Wednesday, 8 o'clock, A. M.

Convention met—Vice President Ackley in the chair. Minutes read and adopted. The Committee on Finance presented the following Report:

Resolved, That a contribution of $2·50 be levied upon each member of the Convention, to be paid immediately into the hands of the Treasurer.

On motion, the report of the committee was accepted.

A motion was then made to *adopt* the report, which after being discussed by Drs. Henderson, Howard, Dyer, Boerstler, and others, was amended as follows: that the sum of $2·50 be paid by each member to the Treasurer, as a fund sufficient to pay for publishing the proceedings of this Convention in the Western Lancet, and to defray other contingent expenses incurred.[a]

On motion, Dr. Varian, of New York, was admitted as an honorary member of this Convention.

On motion, Dr. Russell was appointed a Committee of one to introduce to the Convention such medical gentlemen from other States as may be present.

The report of the Treasurer for the preceding year, was read and adopted.

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[a] This arrangement entitles each member who pays the above assessment to a copy of the Lancet for the current year.

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Dr. Dyer was called on for his paper, which was read, accepted, and laid on the table.

Dr. Lawson's paper on Typhoid Fever was next read and accepted.

Convention adjourned until 2 o'clock, P. M.

2 o'clock, P. M.

Vice President Ackley in the chair. Dr. Holston's paper on "Placenta Prævia Centrica," was called for, read, and on motion was accepted.

Dr. Bowen read a paper on the propriety of Legalizing the practice of Medicine, which was received.

Dr. Varian of New York exhibited an apparatus for the treatment of fractures.

Dr. Russell also presented an apparatus for reducing luxation of the hip joint.

The report of the committee to consider the propriety of memorializing the Legislature was taken up, and after being discussed, was re-committed, with instructions to report a provision for incorporating a State Society, and to report to-morrow morning at 8 o'clock.

On motion of Dr. Baker, *Resolved*, That the State Medical Convention hereafter hold its annual meetings in the City of Columbus, on the third Tuesday of May, at 10 o'clock, A. M.

Adjourned to meet to-morrow at 8 o'clock, A. M.

Thursday morning, 8 o'clock.

Convention met—Vice President Gaston in the chair. Minutes read and adopted.

The following Resolution was offered by Prof. Harrison:

Resolved, That a committee of three be appointed, to report at the next annual meeting of the Convention, on the duties and responsibilities of medical practitioners towards young gentlemen who may desire to prosecute the study of medicine under them. Drs. Harrison, Lawson, and Boerstler were appointed said committee.

The Committee appointed to enquire into the expediency of legislative enactments to regulate the practice of medicine and surgery, presented the following report:

Whereas, the present condition of the medical profession is such as to render it extremely difficult for the public to determine who are qualified to practice medicine; and as it is obviously the duty of the profession to aid in remedying these difficulties as far as practicable, it is therefore deemed expedient that a memorial be presented to the next General Assembly of the Legislature of Ohio, praying for the passage of a law, regulating the practice of medicine and surgery, with the view of securing to the public competent medical advisers; therefore—

1. *Resolved*, That a State MedicalSociety be formed, to be constituted, primarily, of at least one physician from each county[a] in the State; and those counties having more than one member in the House of Representatives, shall be entitled to an equal number of members in this society. The first society shall be composed of the following physicians from the counties named:

Hamilton,	Drs. J. P. HARRISON, L. M. LAWSON, WM. MOUNT.
Butler,	" RIGDON, WM. HUBER.

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[a] The Executive Committee are authorised to fill the blanks in those counties in which members were not elected.

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Preble,	DR.	A. H. BAKER,
Dark,	"	GARD.
Mercer,		
Van Wert,		
Paulding,		
Williams,		
Clermont,	"	J. C. KENNEDY.
Warren,	"	M. H. KEEVER.
Montgomery	"	STEELE, HIBBERD,
Miami,	"	DORSEY.
Shelby,	"	W. V. COWAN.
Allen,	"	McHENRY.
Putnam,	"	
Henry,	"	
Lucas,	"	G. R. PERKINS.
Brown,	"	G. B. BAILY,
Highland,	"	C. C. SAMS.
Clinton,	"	JONES.
Green,	"	JOHN DAWSON.
Clark,	"	R. ROGERS.
Champaigne,	"	
Logan,	"	
Hardin,	"	DURBIN.
Hancock,	"	
Wood,	"	PECK.
Adams,	"	SPRAGUE.
Fayette,	"	WILSON.
Madison,	"	WADDELL,
Union,	"	E. G. LEE.
Scioto,	"	
Pike,	"	ANTHONY DENNIS.
Ross,	"	J. N. GREEN, A. W. THOMPSON.
Pickaway,	"	J. B. JONES.
Franklin,	"	R. THOMPSON. R. L. HOWARD.
Delaware,	"	J. R. KLAPP.
Marion,	"	CARY,
Crawford,	"	
Seneca,	"	E. DRESBACH.
Sandusky,	"	STILWELL.
Ottoway,	"	
Lawrence,	"	
Jackson,	"	WOLF.
Hocking,	"	CULVER.
Fairfield,	"	G. W. BOERSTLER, EFFINGER.
Licking,	"	MARBLE.
Knox,	"	G. W. RUSSEL, McGUGIN.
Richland,	"	MILLER, CHANDLER.
Huron,	"	LATHROP.

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Erie,	"	OSBORNE.
Galia,	"	
Meigs,	"	
Athens,	"	
Perry,	"	STONE.
Morgan,	"	ROBINSON.
Muskingum,	"	J. G. HOLSTON, MOREHEAD.
Coshocton,	"	A. L. CASS.
Holmes,	"	IRVINE.
Wayne,	"	BISSELL.
Lorain,	"	N. S. TOWNSHEND.
Medina,	"	TOLLMAN.
Cuyahoga,	"	ACKLEY, SHELDON.
Washington,	"	S. P. HILDRETH.
Monroe,	"	
Guernsey,	"	JNO. McFARLAND.
Tuscarawas,	"	BENNETT.
Stark,	"	BOWEN.
Summit,	"	FISHER.
Monroe,	"	
Belmont,	"	GASTON.
Harrison,	"	ALBERT G. OSBORNE.
Carrol,	"	HUNTER.
Portage,	"	BENNETT.
Geauga,	"	SEYMORE.
Lake,	"	BUTTERFIELD.
Jefferson,	"	WM. HAMILTON.
Columbiana,	"	G. McCOOK, STANTON.
Trumbull,	"	PETER ALLEN.
Ashtabula,	"	FIFIELD, HURLBERT.

2. The officers of this Society shall consist of a President, six Vice Presidents, Corresponding Secretary, two Recording Secretaries, and Treasurer, who shall be chosen by ballot, and hold their respective offices for one year, or until their successors shall have been elected and qualified, and their duty shall be as in similar associations.

3. There shall be annually elected a Board of seven examiners, whose duty it shall be to examine applicants for license; the examinations shall be made in Anatomy, Physiology, Pathology, Materia Medica, Chemistry, Theory and Practice, Surgery, Obstetrics, and Medical Jurisprudence.

4. No person shall be admitted to an examination until he produces satisfactory evidence to the examiners that he sustains a good moral character, and has regularly studied medicine and surgery, with some legally authorized practitioner, for at least three years.

5. A Diploma shall be considered *prima facia* evidence of qualifications; and those candidates who are graduates of the Medical College of Ohio, Willoughby University and Cleveland Medical College, shall be entitled to a license, without examination, by paying the specified sum; but graduates of institutions out of this State may be examined.

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6. Each candidate examined shall pay to the Board the sum of ten dollars, and in the event of his rejection, the money shall be returned to him. The funds arising from the examinations shall be paid into the treasury of the Society, to be disbursed as it may order.

7. During the interval between the regular meetings of the examiners, the regularly constituted county societies shall have power to grant license to applicants, according to the rules heretofore specified, which shall be sufficient authority for the practitioner until the next annual meeting of the State Examiners.

8. Any person commencing the practice of Medicine after the passage of this law, and refusing, neglecting, or failing to obtain a license, shall forfeit his fees in every case.

9. An executive committee shall be appointed by this Convention, whose duty it shall be to present a memorial to the next General Assembly of Ohio, asking for a charter for the State Medical Society, with authority to grant corporate privileges to county societies; and the said committee shall have authority to transact all other business necessary to secure the objects contemplated in this report.

10. After the organization of the County Societies, their members shall constitute the State Society, all being entitled to full membership in the latter.

11. No professor in any medical college of Ohio, shall be eligible to the office of examiner in the State Society.

12. It should be truly represented to the people and the Legislature, that it is our earnest and only desire to secure to the public, physicians well versed in the elementary and practical branches of Medical science, that they may not be imposed upon by ill qualified and irregular practitioners.

On motion, a Committee of five was appointed in the city of Columbus, as an Executive Committee, to act according to the specifications of the 9th Section of the report on legalizing the practice of medicine and surgery, consisting of the following members:—R. Thompson, R. L. Howard, Wm. Trivett, J. B. Thompson, R. J. Patterson.

On motion, Dr. R. Thompson was requested to deliver a popular Lecture this evening at 7 o'clock.

Adjourned to 2 o'clock.

Thursday, 2 o'clock, P. M.

Vice President Thompson in the chair. Dr. Lawson's paper on typhoid fever was taken up and discussed by Drs. Harrison, Lawson and Butterfield, approved and ordered to be published.

On motion, Prof. Harrison's Valedictory was approved and ordered to be published.

Dr. Dyer's paper, on motion, was ordered to be published.

On motion of Prof. Butterfield, a committee of five was appointed to report at the next annual meeting of the Convention on the subject of *typhoid fever*. The committee consisted of Drs. Butterfield, Harrison, Howard, Lawson, and Ackley.

Dr. Roe's paper was called for, read, accepted, and laid on the table.

On motion, *Resolved*, That the members of the State Medical Convention are hereby requested to report at the next meeting, the number of persons who are in the habit of prescribing for the cure of disease, and on what hobby they ride, or in other words, what system they practice—adopted.

Dr. Carroll's paper entitled a Review of Dr. Thompson's Valedictory on Animal magnetism was read and laid on the table.

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On motion of Dr. Baker, *Resolved*, That the thanks of the Convention be presented to the Trustees of the Free Presbyterian Church, and the authorities of Knox county, for the use of their houses.

On motion of Dr. Russel, *Resolved*, That the thanks of the Convention be presented to the officers for the able manner in which they have discharged their duties.

On motion, the following committee was appointed, to make the necessary arrangements for the next meeting of the Convention in Columbus:—R. Thompson, J. B. Thompson, R. L. Howard, R. J. Patterson, Wm. Trevett.

On motion, the Convention adjourned to meet in Columbus on the third Tuesday in May, 1845, at 10 o'clock.

R. D. MUSSEY, *President.*

L. M. LAWSON,
R. J. PATTERSON, } *Secretaries.*

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, JULY, 1844. No. 3.

ON THE CERTAINTY AND UNCERTAINTY OF MEDICINE.

ART. 1.—A VALEDICTORY ADDRESS, *delivered May* 28, 1844, *before the Medical Convention of Ohio, by* JOHN P. HARRISON, M. D., *Professor f Materia Medica in the Medical College of Ohio.*

GENTLEMEN: The science of Medicine has been greatly indebted for its advancement to that liberal spirit which binds men together in consentient effort to promote each other's improvement. This social kindliness belongs to man in all the phases of his being; it is exhibited by the child in the thoughtless gaities of its existence; it is seen in the various combinations of political partizanship, and with controlling influence it mingles with the adorations which the frail children of earth pay to their supreme and universal Father. It is this spirit of social sympathy operating upon our professional views and interests, which has called us together this day to attend to the anniversary of the Medical Convention of Ohio. We have assembled together to cooperate with each other in pushing on the triumphs of medical science; to enliven and invigorate, by collision of thought, our minds in the exalted task of cultivating the philosophy of living actions, in health and in disease, and of suggesting improved methods of preventing, alleviating, and curing human maladies. Inspirited by a high and generous sense of devotion to our profession, let us ever maintain a warm and enduring enthusiasm for the advancement of medicine in the road of utility, honor, and renown, and by lights intermingled and by facts mutually contributed, endeavor to kindle up in each other's minds a more ardent consecration to the work of improvement.

The subject selected for your consideration is the certainty and uncertainty of medicine. Is medicine a certain science; and, if certain, in what respects, and to what extent is it certain?

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If uncertainty exists in medicine, what are its sources, and to what extent does that uncertainty operate?

We hope to adjust with some degree of philosophical precision the relative extent, and the several kinds, of certainty and uncertainty which attach to medical science, and the discussion will, we trust, produce an increased conviction in your minds that firm reliance may be reposed in the lights and resources of the science of medicine.

I. *Is medicine a certain scieuce?*

The science of medicine is the product of the reason of man, operating on the materials of observation which have been accumulated by industry, during successive ages of the race. The present glorious edifice of medical science has risen slowly from the obscure foundations of its first cultivation. The constant liabilities of men to disease and accident have always been felt, and that art by which suffering is removed or mitigated, has always received attention, and been practiced by mankind. At first but a rude, unshapen art, medicine rose, with the other departments of human knowledge, from a condition of superstition to one of induction, and now stands forward among kindred sciences as one of the proudest gems which adorn the diadem of imperial mind. In the progress of mankind from barbarism to civilization, the arts always precede the sciences. The wants of the body are felt before those of the intellect; and men seek first those objects which allay their thirst, and appease their hunger, before they indulge the speculative tendencies of the mind in search after the causes of things.

The art of curing maladies preceded the science of medicine. Instinctive determinations, random trials, accidental cures, or spontaneous efforts of nature, would suggest, in the first stages of society, some remedies of value. But these sources of information soon conducted to fallacy, misconception, and error. The reliance reposed in one, or all of them, would at best only establish a narrow and insecure foundation, upon which mere empiricism might erect some successful results of interference at the bed side.

The active and excursive faculty of reason would not be satisfied by a tame surrender of its prerogative to the blind routine of unreflecting experience. Observation would carefully treasure up the notices made, and experiment would educe new facts from the concealed processes of nature. As remedies for the cure of diseases multiplied, and as renewed observation taught physicians the fallacy and inutility of many remedies, a more precise and rigorous philosophy would obtain in the employment of plans for the removal of maladies. Slight reflection soon taught physicians that the mere art of prescribing drugs was but a low and unintellectual pursuit, and that in order to a due developement of the powers of reasoning

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in the minds of medical practitioners, a scheme of study far more comprehensive than the knowledge of remedial substances must be prosecuted. It was soon discovered that, for a physician to become a truly rational prescriber of medicinal substances, he must profoundly investigate the structure and laws of the human system; with minute inquiry mark the deviations of diseased action from the type of health; and carefully search into the indications presented in disease, for the intervention of medical art.

Now there is one very signal contradiction which occurs in our profession. It is a contradiction between the science and art of medicine. I do not assert that this contradiction is constant, or that it is the legitimate offspring of the science. But that there is such an opposition between medicine as a science, and medicine as an art, is quite apparent, and susceptible of ready demonstration.

The science of medicine may be taught with great eloquence, and students may flock around the learned professor's chair, eager, with an earnest desire, to profit by his teachings—and plausibilities the most enrapturing may flow from his lips—and yet with all this pomp and circumstance of medical instruction, the art of successfully treating diseases may have been totally neglected, or scornfully thrown aside. Or the art of medicine may oppose the science, proudly arrogate to itself an exclusive control over the treatment of diseases, and magisterially boast of a certainty which belongs not to the science of medicine.

There are two prominent intellectual errors, which lead to opposite points in the opinions which even practitioners of medicine may entertain in reference to the certainty or uncertainty of our art. Arrogant pretensions of medical infallibility and perfectibility, and a sceptical distrust of the utility and certainty of medicine, are sometimes found, even among physicians. These misconceptions of the true standing and relative value of our art spring from a narrow field of observation, and a limited ability of mental vision. In ignorant minds there is a great reliance on the direct, obvious effects of medicinal substances. The uncultivated delight to dwell on the achievements of wonder which the doctor can accomplish. The illiterate and ignorant, therefore, distrust those scientific researches upon which the sound, practical applications of medical art are made to rest, and bend an exclusive eagerness of regard on the displays, or overt acts of the practitioner.

We have said that an apparent contradiction, or opposition, exists between the science and art of medicine, and that this opposition is illustrated even among the members of our profession, as well as among the different classes of society. In the spirit by which the truly scientific practitioner is governed, there is an ingenuous and benevolent bearing evinced,

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which is never witnessed in the mere empirical pretender. Science loves the day light—courts freedom of discussion, and delights in communicating the results of its inquiries. Art, on the other hand, seeks concealment, and wishes not to divulge the steps by which it attains its ends. Science is social; art selfish. Science lives by knowledge mutually interchanged; art perfects its processes within doors.

It is by dragging art out of its concealment, and by obliging it to yield its contributions to the building up of a just philosophic induction, that medicine is made a firmly compacted and well proportioned science. Abstract conceptions, refined speculations, and wire-drawn views of disease are inconsistent with a just spirit of inductive philosophy. A dull and spiritless uniformity of practice in medicine stamps a mechanical routine on the art of curing diseases. Uncertainty may arise either from the science, or from the art of medicine. When the science is not fixed and regulated in its doctrines and expositions by a proper knowledge of the art, of all the visionary employments of the mind medicine then becomes the most conspicuous. And when the art of medicine is disconnected in hostile separation from the science, of all practical pursuits that of prescribing for diseases becomes the most uncertain.

This unnatural, perverse disjunction of the art of curing diseases from the scientific principles by which that art should be guided and controlled, has induced in many persons a feeling of distrust to the whole pretensions of medical science. And from this same too exclusive contemplation of medicine, in one or other of its aspects, extravagant opinions of appreciation and of depreciation have arisen in reference to our profession. There have been men of ardent temperaments, who in the first flush and feverishness of youthful blood, have, ere they submitted their acquisitions in medical science to the final test of all sound doctrine—practice, maintained that medicine was a perfect, or at least a very certain art. But being discomfited by the unexpected malignity of disease, they have retired from the scene of their unequal contest with death, with an embittered scepticism towards medical science. Such physicians exclaim against the certainty and usefulness of the profession of medicine, and sink down in hopeless unconcern for the advancement of the science of curing disease.

Medicine is not a perfect—neither is it a conjectural art. It admits of greater attainments; it demands at our hands a most faithful, assiduous culture; and, if properly cultivated, it will still go onward in the road of discovery—of utility—of certainty.

By a vital union of science with art—of the fruits of observation with the deductions of reason—medicine will rise higher and higher in the scale of beneficent results to mankind.

Scientific medicine is the knowledge of the many, methodized, arranged,

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and compacted together in a regular series of data and doctrines, so as to be capable of an enlightened comprehension, and of a just practical application. There should be no antagonism between the principles, or theory, and practice of medicine. They are but as the foundation and superstructure; they constitute but one harmonious, well built temple of a useful, scientific art.

To the mind of the superficial physician, who is occupied with the direct practical results of the profession, and who turns away with repugnance from an earnest prosecution of the science, the toil and time expended in the discussion of the principles of medicine seem wasted on the desert air. If there be certainty in medicine, says the superficial thinker in our profession, it is in the teachings of experience, and he rejoices that he is not to be deluded by theories, but that he is a practical man. But his rejoicing is altogether misplaced, for it depends more upon his folly than upon his wisdom.

Uncertainty attaches to medicine in its isolated state, either as a mere science, or as a mere art. But the kind of uncertainty attached to the science of medicine is different from that attached to the art. The science of medicine becomes uncertain because not tested by a practical application of its principles, and is therefore liable to waste its speculations in unprofitable discussions. But when the practice of medicine is followed without the guidance of the science, it becomes a dangerous empiricism. One is the uncertainty of opinion—the other is the uncertainty of blind, erring boldness, dealing with the instruments of life and death. The history of all science proves that speculations apparently the most unprofitable have often been those from which the greatest good has been derived. Kepler's hypothetical views of the numerical harmonies of the universe, and the speculations of the geometers on the properties of the conic sections, are the steps by which a knowledge of the elliptic motions of the planets and the law of gravitation was attained. The intellect of man never achieved a prouder triumph than when a Newton and La Place completed the theory of the heavens, and mankind have never derived greater practical benefits from philosophy than when the splendid astronomical conceptions embodied in that theory, were made subservient to the art of navigation.

And thus it is in the science of medicine. The elements of truth which the patient labor of physicians have brought to light in their investigations of the structure and functions of the human body, in health and disease, have terminated in the most important results to practical medicine. The inquiries of John Hunter into the actions of life, together with his doctrines of inflammation, were productive of the greatest benefits to the art of curing disease.

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There is certainty attached to the anatomy and physiology of the human body. The intricate and finely wrought structure of the human body has been explored with most successful diligence by modern anatomists. The laws which govern the movements of life have also been most sedulously studied. From the composite organization of the brain, through all the descending series of tissues and organs, the scalpel of the anatomist has opened a track through which the eye has penetrated into all the recesses of our organization. Anatomy and physiology being the ground work of the entire superstructure of medical science, cannot be too earnestly prosecuted by the student of medicine.

The principles of medical surgery are essentially the same as those of medicine proper. That surgeon is but an humble mechanic who does not cultivate the science of medicine, in its most enlarged sense. The dexterous use of the knife, for the purpose of mutilation of the human body, must be kept in strict subordination to the guiding light of a clear and discriminating judgment. When we speak of the science of medicine, you are to understand us as including the soundest principles of chirurgical knowledge; and when we speak of the art of medicine, reference is made to the treatment of surgical as well as of medical cases.

The perquisition of diseases, their causes, nature, seat, symptoms, and terminations, has been sedulously attended to, and results of the most interesting and useful kind have sprung from the earnestness with which physycians have pursued the inquiries involved. On the subject of epidemic maladies the learned labors of various medical authors have thrown a great amount of certain knowledge. To our profession society is under great obligations for the painful and laborious manner in which medical men have prosecuted the difficult task of ascertaining the origin, rise, and progress of those fatal diseases which, in violent eruption, burst forth in fury upon a whole people.

And if darkness rests on some points connected with this important branch of medical inquiry, that degree of uncertainty which remains by no means lessens the certainty, or depreciates the value of the facts which have been made known by the devoted men who have consecrated themselves to this high service. In the dark ages of medical erudition, every fatal epidemic was ascribed to the malign conjunction of the planets. And when this degrading superstition was dissipated by the clearer light of a true knowledge of the starry heavens, a precipitate and misleading opinion of the contagiousness of diseases of this class exercised a most pestilent power over the minds of men. And even at this day this remnant of a dark era of mental illumination still lingers on the domain of human superstition, paralyzing the efforts of philanthropists, and frustrating the wisest plans for the removal of the sources of epidemic maladies. The zeal

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with which, especially during the last few years, the nature and seats of diseases have been prosecuted has led to the most certain knowledge of many morbid affections; and the ability and spirited activity with which the pathology of diseases is at the present day pursued, warrant the inference that a still additional certainty will crown the labors of medical men in this department of our science.

The certainty of medical science, in no one department of its multiplied offices, has been more perspicuously displayed than in that of Materia Medica. A low conception is sometimes attached to this department of medical instruction by those who have bestowed only a transient consideration upon its relative importance in a just scheme of medical knowledge. Materia Medica embraces not merely a historical account of medicines, their modes of action, doses, and methods of administration, but it ascends a step higher, and with enlarged conceptions of disease, lays down the indications of treatment. The first great lesson which an enlightened view of this branch of medicine inculcates is this,—that all remedial substances are but relative agents; that the state of the system must be ascertained with accuracy from careful examination, before medicines are to be given; and that, consequently, to prescribe the most excellent remedies, those endued with the most salutiferous virtues, in cases of sickness not adapted to their action, converts the best curative means into instruments of death.

The vulgar idea, which sometimes even gets lodgment in educated heads, that medicinal substances possess an inherent catholic power to cure diseases, is replete with endless evils. Such an idea is disparaging to the science of medicine, and is constantly inflicting practical mischiefs on society.

To teach materia medica with judiciousness—with practical good results—and with a just comprehension of the vast curative resources with which this department of medicine is replenished, it must be taught in union with a knowledge of the nature, seats, and symptoms of disease, and with a constant interchange of light with the other branches of medical science. The path of instruction which is pursued by the writer on materia medica is not one skirted on either hand by the territory of darkness; but it is a path which lies along the high road of the general science, on which beams a steady radiance, made up of the confluent rays of truth, that pour their lustre on the wide extended way.

Chemistry has contributed her auxiliary stores to augment the resources of materia medica. Botany has opened her garlanded bowers to our inspection, and freely offered her plants of healing power. The animal kingdom has presented its means of cure for our use. Air, earth, water, the vegetable, animal, and mineral kingdoms, have all been in some de-

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gree made contributory to the measures by which art wields authority over disease.

II. *If a certain science, in what respects, and to what extent is medicine certain?*

I have already stated that medicine, though a certain, is not a perfect science. This admission by no means impairs the validity of its claims upon every candid mind for favorable regard. What science, in both its data, or principles, and its practical applications, is perfect? Surely no intelligent jurist will maintain that the science of either government or of law is perfect. The science of government has been the subject of earnest investigation by the brightest intellects of our species, and has been submitted to constant repetitions of experiment by mankind, still it is an imperfect science—still is it a question of debate and doubt among the most erudite political writers which form of government is the best. We republicans are firmly of the opinion that our glorious scheme of federal and popular representative government is the best earth ever witnessed; but even the fundamental principles of our own excellent constitution are not settled by a consentient, universal judgment; there are disputatious differences of construction on the meaning of our fundamental law. As to the law, it is full of glorious uncertainty, and legislature after legislature are employed to reinforce its sanctions, re-enact its penalties, or re-modify its provisions.

Agriculture is a certain, but by no means a perfect art. It is improvable, and both scientifically and practically, demands a vigilant cultivation to render it more excellent. And thus medicine partakes of much imperfection. Its best and most available means for the eradication of disease, and the mitigation of human suffering, are often counteracted by the inevitable tendency of disease towards the final catastrophe, and by the fallibility of medical skill in selecting the best means for the arrest of morbid action.

But a sceptical objector may contend that the uncertainty of medicine lies in that endless diversity of theories to explain life, disease, and the mode of action of medicines, which fill our medical books, and which are heard from our halls of professorial prelections. Such a caviller might point to the history of medical science, and triumphantly exclaim, 'Behold the uncertainty of medicine! See the moderns enlisted against the ancients—Cullen and Rush arrayed against Hippocrates and Galen!' And even among the moderns what opposition of theory—what contrariety of views! Yes,' he might continue, 'medicine is an uncertain—a doubtful science, else wherefore this discrepancy among its votaries? And this variance is not witnessed on speculative points only; but in matters of experience, what doubt, what dispute, what assertion and denial, do we with wonder behold!'

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Operating on dubious and mysterious states of vitality, and vital movement, the mind of the most gifted individual will soon be lost in the mazes of uncertainty. Of life, and its movements, we know nothing with assured certainty but what we are taught by careful observation of the phenomena or outward acts of the living body. All inquiry concerning the essence o life—or the vital principle—is of dubious utility. And so all disputes concerning the nature of gravitation seem vain and unprofitable. Life is known and recognized by its actions—gravitation is known and recognized by the results of its agency; and here the mind of man must learn the weakness of its faculties, and the total inadequacy of all our boasted reason to leap the barrier that encloses the certain from the uncertain; the well defined territory of the demonstrable from the dim region of shadows which stretches beyond and around it. The endless disputes, therefore, among physicians concerning the vital principle, and its precise modes of agency, no more invalidate the pretensions of medicine to certainty, than do the controversies respecting the essence of gravitation weaken the high claims of astronomy to our consideration as "the most perfect of sciences."

But the sceptical objector may rely with more confidence in his denial of our enunciation of the certainty of medical science, on the argument adduced from the fact that there have existed, and do yet exist, so many systems of medical doctrine.

We allow that prejudices of opinion, weight of authority, love of novelty, and an ambition of being the builder up of a universal scheme of explanation for all the facts collected by the systematist, have, both separately and collectively, often exercised a misleading influence on the proper cultivation of our science, and have most disastrously affected its best interests. But in what line of human agency—in what field of human pursuit, do you not see man's passions, interests, ambition, and indolence, exerting an injurious power over the cause of truth?

The ancient physicians, from their ignorance of human anatomy and physiology, and from their defective acquaintance with the multiplied and fertile expedients of curing diseases, which the moderns possess, are never to be relied on as safe guides in the theory or practice of medicine.

Hippocrates was the great master spirit of ancient medicine, and his history of diseases, as far as a faithful detail of their symptoms, progress, termination, diagnosis, and prognosis, is concerned, is still of great value to the profession. His practice, however, was characterized correctly by an ancient author, the study of death.

Medicine remained in a state of learned imbecility till the revival of learning and the waking up of the intellect of Europe, in the 15th century. Bacon, the great restorer of modern learning, disenchanted the human mind of an idle chase after visionary forms of truth, and brought it to a

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proper appreciation of its ignorance, and a just reverence for the teachings of nature. And medical men, with but few exceptions, have, ever since his day, been influenced by the spirit of the inductive method of research. It is not true that eclecticism is only understood and acted upon in France, as has been too peremptorily stated. There is not a physician of any standing in these United States, but what virtually and effectively, governs himself by the eclectic method. And what is meant by eclecticism? Simply, as Dr. Rush has so frequently reiterated in his writings, that we are not to be ruled by the name of a disease, but prescribe for it in accordance to the dictates of an enlightened judgment, operating on the present exigence of the case. Nor do we claim for Rush any merit of discovery on this point, for the wise and observant Sydenham had before him acted upon the same solid method of observation and induction. Sydenham avers that he deduced his hypothesis from observations of natural phenomena, so as to make the philosopher subservient to the practitioner; "Whereas," observes he, "to have set out with an hypothesis would have been as absurd in me, as it would be in an architect to attempt to cover a house before he laid the foundation, which only those who build castles in the air have the privilege of doing, as they may begin at which end they please."

And Cullen, in his Introductory Lectures, published by Prof. Thompson of Edinburgh, speaks thus of Sydenham: "Sydenham has given a model for the cultivation of the practice of physic, which has been followed by every good practitioner since." Thus it is, that from the example of Sydenham, and the general mode of philosophiziag established, the practice of physic is now, for the most, cultivated free from the attachments or prejudices of any sect: Even our systems are much enlarged in their general plan; and however they may differ from each other in particulars, this affects only weak minds with the spirit of a sect."

It is evident from these references and quotations, that eclecticism was well understood by Sydenham, Cullen and Rush. However superior the French physicians may be in anatomy and physiology, and however deeply versed in the appearances of diseased action left in the organs after death, yet as sound practical eclectics, they are far inferior to the American practitioners of medicine.

In all branches of human knowledge, which are of a progressive character, in which a great many collectors of facts are laboring to accumulate the materials of its advancement, there must, of necessity, be, from time to time, a plastic genius to mould into one consistent form all the scattered truths of the science, and to breathe into the mass a living, pervading philosophy that will beautify the science, with the attractions of a well proportioned scheme of knowledge. In his day, and to the extent of his opportunities of observation, Hippocrates was an eclectic, and so were Cul-

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len and Rush; and we have in this era of medical inquiry, some eminent eclectics in medicine. Abercrombie of Scotland, Hall of England, Stokes of Ireland, Andral of France, Dewees of America, are fair specimens of that numerous class of eclectic practitioners, which are everywhere found in the cultivated ranks of the profession.

But medical practitioners are often heard engaged in eager, perhaps passionate altercation, respecting their experience, and is not this proof demonstrative that medicine is an uncertain science? Assuredly not. The personal controversies of the faculty, in reference to the best means of treating disease, only show us that individual differences of opinion will spring from a contemplation of the same phenomena by different minds. Original endowment, degree of culture, force of prepossession, and accidental association of ideas, will create discrepancy of opinion among men, in all the practical applications of knowledge.

Physicians agree in the statements of anatomical and physiological inquiry; and in their views of the ultimate action of remedies there is little division of opinion, and yet they may widely disagree in the inferential judgments which they entertain on the character of a particular malady and the best mode of conducting the treatment. The science of education is certain, and yet what a discrepancy of judgment does there exist on the best modes of communicating instruction to the opening mind of childhood. Chemistry is a science of great certainty, and yet it is not a perfect science. Some of its principles need further elucidation, and many of its facts a still more accurate examination. It has been the general opinion of chemists, till recently, that the same elements united in the same ratio, must always generate the same compound. But this opinion has been opposed and destroyed by the discovery of the fact that two or even more substances containing the same elements, in the same ratio, may exhibit chemical properties distinct from each other. These isomeric bodies present an anomaly in the science of chemistry, difficult of satisfactory solution.

The sciences of education, chemistry, and medicine, are neither of them perfect, but improvable and progressive sciences. The noble science of education developes in man the peculiar glories of an intellectual and moral nature; draws from the deep wells of the human heart, all those streams of moral excellence that refresh, fertilize, and beautify the otherwise sterile wilderness of life, and rouses into effective activity, those bright powers of intellect, which climb the starry heavens, penetrate the mysteries of nature and subdue the earth to the use of man.

The science of chemistry, by its analytic and synthetic processes dissolves and recombines at pleasure, the elements of bodies; educes new combinations of great value, from apparently useless substances, and seperates ingredients from their union with injurious or inert bodies. And

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medicine is a science which subordinates all its acquirements to the great end of curing disease, or of alleviating those maladies which are immedicable.

There exists certainty in medicine, both in the principles of the science, and in the application of the art of curing disease, but this certainty is not of an abstract character, neither is it perfect and entire. Let us further examine the kind and degree of certainty attached to medicine, and the sources of that uncertainty which often besets its progress and impedes its usefulness.

In order that we may form a sound judgment on these points, we must inquire, with some particularity, into the nature and objects of medical investigation. All science is divided into abstract and natural. Abstract science has for its objects such primary existences and relations, as space, time, number, quantity; and from its very nature may be prosecuted by the mind independent of all outward phenomena. Abstract science employs symbols, to represent combinations of primary objects, by which it embodies its own steps of inquiry, to aid its progress and to communicate its conceptions.

The only perfect sciences are the abstract. The truth of mathematics is the harmony of thought and thought. Mathematics have nothing to do with causes. Philosophy is busied in the search after causes. In mathematics, the whole principles are given, and its procedure is therefore, merely explicative. Philosophy seeks its data, and its procedure is therefore amplicative. The truth of philosophy is the harmony of thought and existence, and it employs observation, experiment, induction and analogy to arrive at its results.

The instruments of calculation furnished by the mathematical and geometrical sciences, are of infinite power, and absolute certainty for the service of all the other sciences. And the extent to which these instruments of calculation can be applied to the objects of sense, is the true measure of the perfection of the sciences,

The relations and properties of matter constitute the objects of sense.—The more simple the relations and properties of matter with which a science is conversant, the more perfectly will it be cultivated by a rigid application of the instruments of calculation. Now, medicine has to do not with necessary, but contingent matter. The field to be explored is that of probability, and it can not be traversed with any hopes of successful inquiry by an assiduous locomotion on the rail road of demonstration. The spirit of observation must pioneer the way, to detect the premises, and the power of experiment must co-operate in evolving the hidden causes of things. Then induction and analogy must be elicited and strengthened to work out the problems, the data of which have been furnished by observation and experiment.

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Medicine is an imperfect science, first, because it treats of the relations and properties of matter in an organized form. These relations and properties are exceedingly complex, intervolved, and changeable. Organization implies complication, and vitality is ever accompanied by incessant mutation of action. The second source of the imperfection of medical science is the multiform variety of the objects of its study. The third reason of its imperfection is, that so many of the facts accumulated are not comparable and consistent. Thus, how numerous are the false and therefore worse than useless facts in medicine; how many imperfect, and therefore deceptive facts; how unmeaning many of its facts; and lastly, what wonderful, and therefore, merely curious histories have we in medicine.

But besides, medicine is imperfect, because it does not admit of the use of the most perfect instruments of calculation. We possess very few accurate instruments compared to the great number of objects to be examined. Facts existing in groups, a complication of circumstances, the blending of relations and properties, these present hard problems for solution, to the physician.

Life and its phenomena; disease, its causes, symptoms, nature and seat; the remedies to cure, and the agents to destroy; the law of reparation and conservation, and the law of decadence and death, working now in parallel lines, and now in antagonism, within the elaborate strvcture of the human frame; these must be searched into, and by severe analysis reduced to their elementary forms of truth.

In all the investigations of medical science, and in all the practical applications of the art of medicine, life, its essence, its mysterious origin, subtle presence and agency, its lodgment, and modes of diffusion through the organization, baffles and eludes the grasp of thought. Disease developes fresh mysteries in the body; how its causes operate, how it becomes hereditary; how it derangés the functions, and breaks up the relations and correspondencies of the organs, and how the structure passes through transformations, strange and fatal under its dominion; these questions so easily put, are of a character eminently adapted to task the most penetrating intellect for a true solution. In two of the elementary branches of medicine, comparative certainty, and plain demonstration obtain. Chemistry, which deals with the atomic affinities of matter, by isolating this one order of properties with which material substances are endowed, proceeds on a pathway of experiment, conducive in a most unambiguous degree, to sure and definite results. And anatomy, regarding the dead machine, can proceed from point to point, from structure to structure, along the whole composite organism, laying open the recesses, and elucidating in its steady walk of demonstration, all the vascular, nervous, muscular, textural, and bony elements of the human fabric. But the more simple ana-

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tomical relations and properties of the body, when lying inactive, unvitalized before us, assume new and intricate phenomena when pervaded and vivified by the plastic energy of life. Now, it is all a calculus of probabilities which is to guide us; the mean of all our observations has to be taken; no statical, or dynamical, or mathematical principles will avail in directing our inquiries.

Incapable of creating, by the force of excogitation, our science, as the mathematician does his science, by the power of thought, and unlike the astronomer, having no one law, like gravitation, to bind all the simple relations of matter in one harmonious system, medicine is, and forever must, like jurisprudence, remain an imperfect science.

The art of curing disease is restricted in its attainment of certain results, by the very character of the human mind, which is at all times liable to the illusions of prejudice and of sense; and were it possessed of the most perfect theory of life, and of disease, would often fail in making precise and sure applications of its knowledge to the case in hand. The remedial interference at the bed side which medical art makes, is often frustrated by the feebleness of the agents employed to arrest disease: or curative efforts on the part of the physician are thwarted by the individual conditions present; such as, some inscrutable peculiarity of temperament, or by the overwhelming weight of mental suffering. Besides, the very frail and dependent nature of man exposes him incessantly to the operation of external agents, and to the inwrought disturbances of ill balanced, nervous, and vascular systems, which inevitably, in numerous instances, aside from the imperfect condition of the art of healing, or the misapplied resources of medicine, tend to human dissolution.

Universal theories of life, and of disease, like universal medicines, are inherently spurious, and short-lived in their popularity. "In folly's cup still laughs the bubble joy." under the delusion, that such, from day to day, have been discovered. The theory of humoralism, grounded on false conceptions of life, and so darkening in its effects on the true mode of arriving at truth in medicine, long reigned dominant and supreme in medicine, and still it fondly lingers in the popular mind, and throws its delusive glare over every empirical pretension, which palms its nostrum on public credulity. The dogmatic and assumed catholic doctrines of the iatro mathematical school, of the iatro-chemical school, and of that of strictum and laxum, of spasm, of sthenic and asthenic diseases, of gastroenterite, and all such wide, embracing, comprehensive schemes of medical exposition, the profession, as a body, look upon with distrust, and regard them as unphilosophical and impracticable. Admitting the imperfection of the science of medicine, how can we receive any universal theory of disease, and any exclusive method of treatment, as founded in a just philosophy, and as expedient and safe for a practical guide.

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A sort of undefined, vague imagination possesses some minds, that medicine is omnipotent, and that it is an opprobrium of the profession if any patient dies under the hands of the regular faculty. And grounded on this wild supposition of the absolute control to be exercised by medical skill in attacks of sickness is the proneness of many minds to be ensnared by the vapouring and ostentatious pretensions of any bold and specious adventurer in medicine. Grafted on the same propensity is the ready liability of the popular mind to be mislead by any novel plan of curing disease, which a daring empiricism may invent, or self-interest may propagate.

The practitioner of medicine has constantly two practical ends to attain in the discharge of his professional duties at the bed-side; the first is, the identification of disease, and the second is the appropriation of remedies. Diagnosis is the ground work of therapeutics. Pathology is the primary and most essential element of a correct diagnosis. With enlightened conceptions of the nature and seat of a morbid affection, the physician proceeds to the application of his curative agents. But, before he makes a selection of his means of cure, he should possess a just and precise view of the indication to be fulfilled. Therapeutic indications occupy a middle ground, which is illuminated by the lights reflected from a knowledge of disease, and from an intimate acquaintance with the virtues of the agents which are capable of changing, or arresting, the morbid movements going on in the system.

The diagnosis of disease is derivable from four distinct, and yet mutually related and dependent sources of information.

1st. The history of the case inclusive of the hereditary or acquired constitution of the patient, as far as we can ascertain; the congenitial and acquired tendencies to disease, by questioning the sick person in reference to his parentage, and previous habits and exposure. By inquiry under this head we learn whether he has been subject to attacks analogous to the one with which he is now affected, and by what means such seizures were removed.

2nd. By Symptomatology, which includes a careful examination of both the rational and physical signs of disease.

3d. By the effects of remedies which may have been employed.

4th. By pathological anatomy, or the lesions left in the organs by the fatal agency of the disease on the system.

Uncertainty and doubt may spring from these several sources of arriving at a correct knowledge of the existing state of the functions. The first duty of the physician in his investigation of morbid states of the system, is to determine whether it is a mere functional disease under which his patient is laboring, or whether conjoined with the disordered movements of function there exist organic lesions. Then again, he is to contemplate the disease,

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in its relations of time, as well as in its relations to the different parts of the organism. If a local disease, he must discover whether such local affection is dependent upon a previous, and still existing constitutional derangement, exemplifying the constitutional origin of local diseases, so cogently and practically illustrated by Abernethy, or whether the local affection has induced deranged action in the system. If a man of earnest and penetrating capacity of mind, he will not be satisfied with the fact that in a given case the head, stomach, or other organ is deeply implicated in the diseased condition of the system, but will strive to find out by the history of the attack, whether there has been either an extension, superinduction, or substitution, of abnormal action, or a complication of these modes of irregular and disturbed operation of the vital powers. Thus, suppose the physician is called to see a patient in fever, affected with irritation of the alimentary canal, accompanied with copious alvine discharges, he would endeavor to find out whether this state of the bowels was the cause or effect of the fever, or whether the fever was not a mere superinduction, originating from a distinct causation. If the bowel affection originated from the state of the system, then it constitutes a case of extension of morbid action, from a constitutional derangement reflecting its morbid process on a very susceptible and sympathizing portion of the frame; but if the fever arose from the irritated condition of the bowels, then we have an exemplification of extension of morbid action from a point to the entire system, which general disordered movement may implicate other organs, or be connected with the extension of the morbid action of the intestinal tube to the liver, membranes of the brain, &c.

Substitution, or metastasis, of disease is very common. A man has rheumatism to-day, to-morrow he may have dysentery—next day rheumatism. Or a patient may have dyspepsia for some time, which by extension of irritation brings on a sub-acute inflammation of the lungs, and then the dyspeptic symptoms leave him, and he dies, perhaps, of the pulmonary disease.

Besides these important considerations, bearing upon the history of the case which we may be called to treat, we are not to pretermit in our brief analysis of the patient's disease the uncertainty which may spring from the inaccurate statements made by him of the etiology, or origin, and progress of his malady. Ignorance and prejudice always are in active play among the majority of mankind to mislead them in these respects. But there may be a wilful suppression of the truth in some instances, and in others there may be not merely a suppression of the truth, but a bold and positive averment of that which is false.

The symptomatology of disease may be the source of much incertitude, unless we come to the examination of every case of sickness which we

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are called to treat with just, comprehensive, and accurate views of the structure and functions of the animal economy, and with authentic, practicable conceptions of general pathology. The physician who approaches the bed side with erroneous conceptions of disease floating in his mind can never make a true explanation of the symptoms, unless he chooses to disincumber his perceptive powers of such a distorting medium.

The principles or doctrines of general pathology which have been promulgated in the medical world from time to time, have exerted a very strong influence in the misinterpretation of the phenomena of disease. Let us select one or two examples as illustrations of this remark. The very fashionable doctrine of congestion is apposite as an instance of spurious pathology. Congestion, as understood by its modern advocates, means a pathological state essentially constituted of a morbid turgescence of blood in the veins. And that abnormal repletion of the veinous system takes place in the brain, lungs, and other organs, but to a more conspicuous and fatal degree in the portal circulation. Debility of the heart's action, induced by malaria, or other lethiferous agents, is the originating element of congestion.

Now, there are two questions to be answered before we can accede to these propositions. 1st. If debility causes the congestion in one case, why does not the same debility in the heart's action always bring on a congestive fever? Yet we often see debility of the heart's action without any symptoms of congestion. 2d. If congestion arises from debility of the heart's action, then we see not how any termination can be put to either, except by stimulating methods of medication, which we know are very often destructive in such cases.

The belief in the vis medicatrix naturæ, or curative tendency of nature, has led at times to a meditation on death. The advocates of the medicating, or restorative efforts of nature, grounded their position on this law of animated forms of existence,—that there was a strong and constantly operative principle at work to preserve the distinct form of animated existence in which this law was inherent. There is no doubt but what nature has incorporated into the very elements of all animated existence this primary principle, by which alone such existence can be preserved and continued.

But there is another law ingrafted upon this primary one, and that is the *vis desmoliens*, or destructive tendency of the actions of all living things. Why is it that death is perpetually making ravages among organized bodies, and why is it that disease—death's harbinger—is constantly doing its work of disruption among the forms of living organization? And why is it that we have such a complicated and diversified apparatus of means put in our hands by art for the mitigation of human maladies, and for the

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temporary warding off the stroke of death? Nature falters and reels under the reiterated attacks made on her, and she calls with imploring voice on art to come to her rescue. And the very presence of the physician at the bed side is ample refutation of this idle and often mischievous notion of the remedial capabilities of nature in her struggles with the great law of destructive tendency, which in disease has already acquired a predominance over the other law of living beings—the law of self preservation.

Another pathological error, which rises in gigantic magnitude on the field of practical medicine, is that of chemical changes in the blood, originating morbid phenomena. Venerable for its antiquity in the eyes of those who love antiquity more than truth, and specious and attractive to those who prefer opinion to fact, the humoral pathology is found insinuating its deteriorating influence into the whole history of our science. Through all the succession of opinions, from the time of Hippocrates to the period of the publication of Glisson's treatise "De Ventriculo et Intestinis," in 1671, the theory of the organization of diseases in morbid conditions of the fluids of the body was the exclusive dominant pathology. The mathematicians, the chymists, and the metaphysicians, however they differed on subordinate points, all concurred in placing disease exclusively in the blood. Toward the close of the seventeenth century the illustrious Baglivi was born, and though, like the still more illustrious Bichat, he was cut off at an early age of life, he, in part, redeemed medicine from the oppressive weight of the humoral pathology. But still there are a few dregs of this cup of medical error and delusion left, though thanks to a better philosophy, however earnestly enlightened practitioners of medicine may speculatively defend the doctrines of the humoral pathology, they ever keep those idle plausibilities in abeyance when they approach the bed side.

Careful observation of the effects of remedies is another method by which we arrive at a correct diagnosis of the true nature and real state of the patient's disease. But in scrutinizing the effects of our plan of treatment, we must not omit those adventitious circumstances which so frequently act in modifying the results. These are age, sex, idiosyncrasy, constitution, symmetrical peculiarity, temperament, climate, mental affections, the form of exhibition of the medicine, and the part of the body to which it may be applied—these circumstances, independent of the kind and degree of morbid action, to a greater or less extent, modify the agency and effects of our remedies.

The practitioner of medicine, after the formation of correct opinions on the nature and varieties of disease, grounded upon an enlarged cultivation of his profession, proceeds, in the discharge of his responsible duties, to make a practical application of such general knowledge to the cases of individual disease he may be summoned to treat. He must, from his previ-

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ous acquaintance with the animal economy in health, know how to detect deviations from a physiological to a pathological condition, and he must know the therapeutical powers of the remedial articles which the case may call for, and be able to wield them without hesitation. But let him ever keep up in his mind the distinction which obtains between the physiological and therapeutical operation of his remedies. All articles of the materia medica are but relative agents; that is, their peculiar curative powers are related to certain states of the body; and these related curative powers we ascertain by a careful examination of their effects in different relations of function, and organic movement of the system.

The value of pathological anatomy as an instrument of discovery of the true pathology of disease is universally admitted. Here a deceptive reliance may rest upon effects for causes—we may be treasuring up the important facts of pathological anatomy, whilst we are overlooking the history and symptoms of the disease of which the patient died, and the effects of the remedies employed for his recovery. Combining in a just and thorough consideration these four elements of diagnostic knowledge, we fairly arrive at a point at which we may pronounce what the indications of treatment are in any case of disease. And here is the final test of our previous acquisitions on the general theory of disease. Those pathological speculations which will not avail in guiding our exploring way in search of correct indications of treatment are not worth a place in our credence. Take the vis medicatrix naturæ, and endeavor to make it a "guide, philosopher, and friend" in a case of irritation, inflammation, or fever. Why has nature instituted a destructive process at all, and if she is trying to rid herself of her own false step, why induce such an inordinate disturbance to medicate the body?

Boerhaave, and other distinguished authors of that school, indulge in many very gross and absurd speculations on the pathology and therapeutics of diseased fluids. In his practical aphorisms he talks very learnedly and very profoundly, with a correspondent degree of obscurity, of stagnations, obstructions, coagulations, resolutions, thickenings, and attenuations, and upon these suppositious states of the blood he erects his indications of cure. "If an intermittent," says he, "is not malignant, it disposes the body to a long life," for it "cleanses it of old and rank diseases." Upon the same humoral notion King James I. of England could repeat, whilst shaking with a vernal intermittent, which killed him,

> "An intermittent in the spring,
> Is physic for a King."

As far as the true indications of cure are concerned, there is not one malady incident to man, the treatment of which can with safety be conduc-

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ted on a judgment of the case grounded upon the pathology of diseased fluids. Dr. Paris admits this when he remarks, in reference to Cullen's classification of the articles of the materia medica, "that the very basis upon which it rests is a mere gratuitous assumption, viz: *that certain medicines act on the fluids of the body.*"

Entertaining the general consideration that all morbid phenomena arise from irritation, inflammation, and fever, we shall be prepared, when we approach the investigation of disease in our clinical experience, to generalize correctly, and without distraction of mind or incertitude of judgment, on the variety of manifestations of organic and functional disturbance, which may be brought under our therapeutical control.

Is it a case of simple nervous irritation? we have our revulsives, or counter-irritants, tonics, and anodynes, for its removal.

Is it a case of inflammation of an acute character? then bloodletting and other evacuants come into requisition.

Is it a case of fever originating from a malarious agency? then we summon to our aid a variety of therapeutic resources. The whole range o the materia medica must be made available to the successful treatment o a severe and protracted attack of bilious remittent fever. Depletion, vascular and intestinal; a promotion, or restoration of the cuticular, hepatic, and renal secretions; derivation of action by revulsive medication; repression of inordinate heat by a judicious use of cold water to the surface of the body; anodynes to soothe nervous irritability; alterants to arrest lesions of secretion and nutrition, which are so apt to arise in the progress of the fever; and tonics to sustain the faltering energies of life. These measures and modes of medical interference must, in ever varying degrees of activity, be made instrumental for the cure of this severe constitutional malady.

Thus we have therapeutic agents adapted to irritation, inflammation, and fever, which, judiciously selected and combined, can be made apposite to the fulfilment of each indication, as it is revealed by disease.

Irritation, inflammation, and fever—these constitute the ground work of our pathology, as they are seen in isolation, or interchangably running into, and complicated with each other.

Nor are we to build our indications upon a too exclusive view of any case, even though it may have partook at first largely, or almost entirely, of either irritation, inflammation, or fever. After a free employment of the lancet in an inflammatory attack, we find it necessary to quiet nervous irritation by anodynes; or we may deem it expedient to combine calomel and opium in order both to allay irritation, and promote the hepatic and other secretions, by which process we carry off the remains of inflammation.

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These considerations, with others of a like character, direct us to the avoidance of those sources of uncertainty which result from the modes in which medicinal substances should be administered. As a general rule, simplicity in our prescriptions should be maintained; but frequently we shall find the maxim hold true in pharmacological substances, *vis unita fortior*. Our indications may be simply to deplete by emesis or catharsis, and here one article, with or without an adjuvant, is required. But should irritation in the alimentary canal be present, then we unite an antispasmodic, or an anodyne, with the cathartic.

There are four errors committed in the exhibition of medicines, to which I will advert. First—polypharmacy, or excessive multiplication of articles in one prescription, or in rapid succession; second—a severe and injudicious simplicity; third—excessive or deficient doses; and fourth—a union of incompatible substances in the same formula.

There are sources of uncertainty in the curative powers of our therapeutical resources which often play an operative part in the frustration of our best concerted schemes of treatment. These are found, first, in the conduct of the patient, or his friends or attendants, from a want of punctuality in giving the medicines ordered by the physician, or in abridging or exceeding the quantity, or periods, dictated; second, in improprieties of diet; and third, in the state of the patient's mind. There are patients who,

> "Ingenious to torment themselves,
> Grow pale at hideous fictions of their own.
> The most important health, that of the mind;
> When invaded thus, the conscious body
> In sympathetic languishment, declines."

And there are injudicious friends who too often obtrude their unsolicited advice upon the agitated mind of the sick, and who, either by direct aspersion, or sly insinuation, subvert the confidence of the patient in the skill of his physician. By this disingenuous conduct on the part of friends, the medical practitioner is deprived of the cheering approval and implicit submission of the patient, and the sick man is cheated of the invigorating influence of hope and faith; and a disheartening anxiety robs the medicines prescribed of all their curative power.

But, gentlemen, amidst all these sources of uncertainty, medicine is not a fallacious science, whose basis is error, and whose superstructure is mistake and chance. Difficulties press us on all hands; life is frail; the laws of organization difficult to comprehend: diseases are numerous and diversified; their prognosis hard, in many instances; and therapeutics yet incomplete. Besides, human judgment partakes essentially in its operations in

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medicine of the character of man—fallible, erring, easily misled, and too often pertinacious of prejudice. Still we stand on the firm ground of a rigid inductive philosophy—in a territory of certainty and practical wisdom, surrounded by the trophies of victory won by our science over disease and death. Encouraged by what our profession has achieved for the good of the race, let us go on to higher points in that elevated range of investigation which lifts its inviting summit before our eyes.

Animated and sustained by the love of science, by philanthropy, and by patriotism, let us strive together in a noble race of emulation for the advancement of medicine to a more elevated sphere of certainty and usefulness.

SURGERY AND OPHTHALMOLOGY.

ART. 2.—*Rhinoplastic operation.* By J. S. UNZICKER, M. D., of Cincinnati.—Catharine C———, aged 20, had lost the ala and part of the side of her nose in childhood, after an attack of measles, by ulceration. After the surrounding cicatrices were removed, a flap was taken from the cheek, and united by very fine insect pins and twisted suture; eleven of these were necessary for the union of the flap and wound of the cheek.

Forty-eight hours after the operation the pins were removed, but the sutures left till next morning, when all had united by first intention. Fourteen days after the operation the connecting point was divided and extirpated.

Up to this time the nostril had been daily filled up with fresh lint, but afterwards a piece of goose quill was substituted until the inner surface had healed over.

Extirpation of a Cancerous Tumour of the Tongue. By the same.—Mrs. B———, aged 49, had a tumor of her tongue, on the left side of the raphe, about one inch back from the tip. It presented a dark, livid appearance, was unattended with pain, and extended down through two thirds of the thickness of the organ.

The operation was performed by a V incision down to the mucous membrane, which was left entire. This triangular piece, including the tumor, was then removed. Very little hemorrhage followed; only one artery was tied. The wound was then brought together by four insect pins and twisted suture. Seventy-seven hours after the operation, all these

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were removed, when it was found that the wound was perfectly united, and the lady left on her journey home.

The advantages these insect pins have over the interrupted sutures are:

1. A more close and accurate contact of the wounded edges, which is consequently followed by the quickest prima intentio.

2. They produce less irritation, and leave no such marks as are often seen from the ulceration caused by the latter.

3. Protection of the wound against the access of air, without the application of lint or adhesive plaster being necessary.

4. The finest cicatrices which it only leaves.

ART. 3.—*Ophthalmic diseases in China.* By WM. B. DIVER, M. D., of Cincinnati.—The extensive prevalence of diseases of the eye among the Chinese has, of late years, attracted the attention of philanthropists and medical men in England and the United States, by whose liberality several large hospitals have been established at important points in the Empire.

An Ophthalmic Hospital was founded at Macao in 1827, by T. R. COLLEDGE, ESQ., Surgeon to the British Commission in China. This institution became the topic of conversation throughout the provinces, and praises and thanks were heaped upon its proprietor by the friends and relatives of those who received its benefits, as well as by the individuals themselves, who had felt his "healing hand."

Up to 1832, more than four thousand indigent and diseased Chinese had been relieved of various maladies, and many restored to sight, by the benevolent exertions of a single individual.

The success of the hospital soon attracted the attention of the foreign community, and many individuals generously came forward and voluntarily contributed to promote the good object; so that in a few years upwards of $8,000 were given by the foreign residents alone.

Encouraged by the successful operations of this institution, a similar hospital was established at Canton, 1835, by Dr. PARKER, whose reports are familiar to the profession in the eastern cities.

The dense population of Canton rendered it probable that a single class of dieases would furnish as many applicants as could be treated and accommodated; it was designed, however, to admit exceptions in cases of peculiar interest and promise. Diseases of the eye were selected as the

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most common in China, and being a class in which the native practitioners are most impotent, the cures, it was supposed, would be as much appreciated as any other.

In 1838 an ophthalmic hospital was established at Macao, by a society constituted of a large number of wealthy and respectable men in China and Great Britain; and in the following year the writer was elected a medical officer, and appointed to take charge of the institution, a report of which was published in the "Lancet," Vol. II.

The island of Chusan having fallen into the hands of the British forces, it was judged desirable by the executive committee of this society to send one of its agents to Tinghae, the capital, whith the view of establishing a hospital there for the relief of the natives, and for carrying on the objects of the society.

Accordingly, WM. LOCKHART, ESQ., M. R. C. S., commenced operations at Chusan September, 1840, and in the short space of five months, ending Feb. 22, 1841, attended to 3502 patients. This enterprise was suspended by the evacuation of the island on the part of the invaders, and the repossession of it by the former owners.

The following statistical account of the cases treated in these several institutions exhibits the vast extent of ophthalmic disease among the sons of Han.

Report of the Hospital at Canton.

Year.	Total of diseases.	Diseases of the eye.
1835–36	2430	2189
1837	1602	1460
1838	1539	1304
1839	771	415

Report of the Hospital at Macao.

Year.	Total of diseases.	Diseases of the eye.
1839	700	357
1840–41	1470	342

Report of the Hospital at Chusan.

Year.	Total of diseases.	Diseases of the eye.
1840–41	3502	1452

Since the occupation of the island of Hong-kong by the British in 1841, the hospital has been removed from Macao to that place, under the charge of B. HOBSON, ESQ., M. R. C. S.

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The question as to the causes of the extensive prevalence of ophthalmic disease among the Chinese is an interesting one, and has been frequently proposed to me by surgeons in the East.

One of the most fruitful sources of affections of the external coats and appendages of the eye is the practice of the *barbers*, who, when they have shaven the heads of their customers, perform the painful and unnecessary operation of cleansing the eye by everting the lids and brushing them over with a probe and a camel's hair pencil. This is done so frequently that the conjunctiva becomes highly inflamed. Subsequent neglect or improper treatment results in opacity and ulceration of the cornea, nebula, pterygium, entropium, staphyloma, &c.

Another very common cause of ophthalmia is the custom, universally observed, of burning to their deities incense sticks, which emit a very pungent smoke. No stranger can pass through the streets of Canton in the evening without being almost blinded by the smoke which issues from the numerous altars and houses in the densely populated streets. The annoyance, indeed, is so great, that the visitor is sometimes forced to cover his face and retrace his steps as fast as possible. And yet the inhabitants, from long habit, are perfectly contented to believe their lot the happiest on earth, although they suffer much from granular lids, acute and chronic ophthalmia, brought on by this religious rite. Catarrhal and strumous affections of the eye are very common, and the result generally of carelessness and a vitiated constitution. During the active operation of the hospitals at Canton and Macao, 569 cases of cataract came under treatment, in all of which, with but one exception, I believe, the operation of couching was performed; in the exception alluded to extraction of the lens was performed, but without success.

The pathology and treatment of the cases generally differed in no essential particular from that of European hospitals.

MIDWIFERY.

ART. 4.—*Irregular contraction of the uterus during pregnancy.*—Mr. Stewart, in a paper entitled "Statistics of Obstetrics," published in the *London and Edinburgh Medical Journal*, in adverting to some of the causes of tedious labor, signalizes as one of the most frequent causes, that irregular form of labor, where the patient suffers pain to a severe ex-

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tent, without labor progressing in the same ratio; or, in other words, where deficient or deranged uterine action is the cause of the difficulties and delays experienced in parturition. He illustrates this doctrine by the case of a patient to whom he was called one morning, when labor appeared to be progressing rapidly; the pains were severe, and of an expulsive character; the os uteri dilated to a considerable extent; the presentation natural, and the pelvis well formed. The liquor amnii escaped soon after, the head descended a little, having just entered the brim of the pelvis, when all at once the pains began to alter in character, and, instead of being expulsive, they became of that description designated by patients as tearing pains without any force. Matters continuing thus for six hours without any progress being made in the labor, Mr. Stewart bled her freely to syncope, and gave forty drops of laudanum, but ineffectually. The hardness and prominence of the uterine tumor suggested fears as to the safety of the organ, and the forceps were applied, but the labor could not be thus terminated. Eighty drops of laudanum were then given, and on the reapplication of the forceps, during an interval of pain, the head was brought beyond the os externum, when the same opposing force appeared to be again brought into play, the pains returned as before, and the further extraction of the child was delayed for upwards of an hour. When born, the child was dead. On examination, the head was found to be well formed and sound, but the body appeared as if it had been tightly grasped round the shoulders and back, and round the pelvis.

Dr. Wilson adduces a case where the uterus was ruptured, and where every attempt at delivery by the forceps proved abortive, even when the patient was in a more sound state: and mentions that after death the Cesarian section was performed, when the uterus was found firmly contracted round the body of the child, and completely adapting itself to the inequalities of the child's surface, thus embracing it so powerfully as to form the only obstacle to delivery. Dr. Wilson, in a paper published in the *Glasgow Medical Journal* fourteen years ago, attributes the cause of delay in this case to irregular contraction of the uterus, the transverse muscular fibres of that organ not acting synchronously, and in a subordinate degree to the longitudinal fibres. When the transverse fibres act alone, expulsion of the uterine contents cannot take place, the expulsive process being best effected when the longitudinal fibres are acting powerfully, the transverse action being also carried on in a subordinate degree.

Mr. Stewart has found blood-letting the best remedy he could employ in these cases, with the sole exception of the one just narrated.—[Med Times, from Lancet.

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ART. 5.—*Œdema of the os uteri.*—Mr. Stewart draws attention to the soft, flabby, and œdematous condition of the os uteri, as a cause of tedious dilatation, and consequently of retardation of labor. This state is generally induced by the early rupture of the membranes, owing to which the cervical portion of the uterus is compressed between the head of the child and the pubes; and the return of the fluids being obstructed, the os uteri becomes thickened, and its dilatation is in consequence extremely slow. In a case of this kind, which occurred to Mr. Stewart, that of a woman who had been in labor all night, a midwife attending her, he found the anterior lip of the os uteri still covering part of the head of the child, while the posterior was completely dilated. The parts were much swollen, and painful to the touch, and the woman was undergoing the most severe suffering.

The treatment he adopted was as follows:—previously to a pain coming on, he introduced his two fingers under the edge of the os uteri, and when the pain came on, gently raised them. By continuing this plan during the occurrence of three pains, the head of the child got completely disengaged from the uterine cavity, and the remaining part of the process was speedily accomplished. The patient suffered afterwards for some time from pain in the os uteri and purulent discharge, doubtlessly brought on by the continued pressure of the uterus between the head of the child and pubes. This plan of treatment is that advised by Dr. Gooch, by whom this condition of the os uteri is clearly described. It is only in the thick, spongy, and œdematous state, that this kind of artificial dilatation can be of service.—[Medical Times, from Lancet.

ART. 6.—*Artificial dilatation of the os Uteri.*—Dr. Breen is of opinion that artificial dilatation of the os uteri is requisite in some cases, as by it much suffering may be prevented, and labor terminated at a much earlier period than would otherwise be the case. He thinks that artificial dilatation should not be attempted for at least ten hours after the real commencement of labour, no matter what the duration of spurious labor may have been previously. When this measure is called for, the membranes will be usually found ruptured, but not universally so. Two fingers are to be introduced, either between the os

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uteri and unruptured membranes, or, if ruptured, between the os and presenting part of the child. The fingers are to be used either for the purpose of dilatation, or as a wedge, to resist the coming down of a flap of the cervix of that viscus. Above all things it is particularly to be kept in mind that the fingers are to be quiescent in the interval of the pains, and to be used only during the most severe portion of this action. By this proceeding no additional suffering will be caused to the patient. About two hours will be usually found sufficient to obliterate the undilated cervix, but the attendant need not be anxious to complete this measure within so short a time. He may occasionally cease from his toils, and watch what nature be capable of effecting. By following these rules he will avoid the risk of increasing the tendency to inflammatory action, which is always to be dreaded when severe labor is complicated with a long duration of that process. Blood-letting, although not contra-indicated, need not in general precede artificial dilatation. Dr. Breen supports his views by quoting the opinions of other writers.—[Med. Times, from Lan.

ANATOMY AND PHYSIOLOGY.

ART. 7.—*The Function of the Lymphatic Vessels.* By DR. WILLIS. Dr. Willis is of opinion that the *lymphatic* vessels, or *absorbents*, as they have been termed, perform the same office for the deeper tissues, thut the sudoriparous glands perform for the superficial, namely, the abstraction of a certain quantity of the watery element of the blood, for the specific purpose of rendering the returning stream of greater density than the outgoing. To effect this object, he *believes* they possess an especial elective and divellent power, powers, in fact, similar to those enjoyed by glandular organs, by which they separate from the blood, and prepare the various fluids which are called their secretions. The lymphatic vessels may, in fact, he says, be viewed as the essential elements of an universally disturbed gland. Their walls and sacculate commencements have been shown by the latest and best observers, to be composed of an aggregation of granular matter, of nuclei, and of cells in various stages of development, precisely similar to the ultimate elements of every known secreting organ. Here, as well as elsewhere, nuclei in a ceaseless state of reproduction, attract a certain quantity of granular matter about them,

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and then they become surrounded with a delicate envelop filled with fluid,—they have grown into cells; and these having attained maturity, and being then in contact with the internal surface of the lymphatic vessel, in whose wall they have grown, give way, and shed their contents into its cavity. The secreted fluid, in reference to the lymphatic system, is the lymph, a fluid having on an average about 96 1-2 per cent. of water, and 3 1-2 per cent. of solid matter in its constitution, this solid matter being identical in composition with that of the liquor sanguinis. The lymphatics, then, or to speak more accurately, the cells of which their walls are composed, in the course of their evolution, exert a special affinity for the watery element of the blood; and, abstracting this from the fluid that is circulating in the capillary arteries, they in the same proportion inspissate the current which is returning to the heart in the veins, and thereby endow it with powers of imbibition, or endosmose, to effect a ceaseless and rapid change in the plasma, which is transuding the walls of the arterial system at every point. The lacteals take up the chyle in the same way that the lymphatics absorb the lymph in other parts of the body. The lymphatics of the intestines begin in the form of cœcal sacs, or canals, as elsewhere, and the only difference observable between their structures, and that of the lymphatics generally, appears to consist in the higher development of the essential elements of the system—the nucleated cells.—The absorption of the chyle is readily to be explained in this way; the substance of the intestinal villi, where they are met with, that of the spongy tissue which still forms the inner layer of the small intestines, where they fail, like the substance of other tissues, is in a state of perpetual growth and decay. The decay here, as in glandular organs generally, takes place in the interior, towards intercellular channels or ducts; in the case under consideration, towards lymphatic or lacteal vessels. But cells of which the intestinal villi and pulpy inner membrane of the bewels principally consist, being evolved in mediate contact with the chyme, are penetrated by some portion of this; they gradually attain maturity, and then they give way and discharge their fluid contents, mingled with a peculiar granular matter, into the ducts with which they are in relation. The fluid contents are the chyle, the ducts are the lacteals. The contents of the nucleated cells of the intestines, it is to be observed, are only white and milky when there is chyme, and that even of a certain description, in the intestines. When there is not any chyme present, their contents are transparent and colorless, or nearly so, as is also the product of their maturity and rupture, then entitled *lymph*, and not *chyle*. Chyle only

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differs from lymph in containing a relatively larger proportion of albuminous and fatty matter, which is exactly what might have been expected in the fluid that is bringing fresh pabulum for the use and maintenance of the economy, albumen being the representative of the azotized fat of the non-azotized elements of the human body. The liquid carried by the lacteals is of much less density than the liquor sanguinis. The anatomical distribution of the lymphatics, Dr. Willis considers to be in perfect harmony with the views he has thus promulgated as to their physiological action, and he further illustrates them by the disturbance that ensues in the system generally, upon any implication of the functions or structure of the serous membranes, &c.—*Med. Times—from Med. Gazette.*

ART. 8.—*London Medical Society.—Mesmerism.*—The subject of mesmeirsm was introduced by Dr. Clutterbuck, who enquired the result of the visits paid by several members of the society on the previous Monday evening, to the Southwark Literary Institution, on which occasion Mr. Vernon delivered a lecture on mesmerism, which he illustrated by experiments.

Dr. Willshire, in describing what took place, stated that all the experiments were decided failures. A medical gentlemen, of the name of Burt, brought a very complete mask, lined with black velvet, which extended from the superior part of the brow to the chin, and was secured over the face by several ribbons. It was so contrived as to render vision impossible. Mr. Vernon at first objected to its use, as the wearing the mask would render the face very hot; the slit for the mouth was very small, and there would not be a sufficient degree of lucidity. The opening for breathing was enlarged, but still Mr. Vernon objected, when Mr. Rendall, the chairman, having assumed the mask, declared he could wear it for twenty-four hours without inconvenience. It was then tried on several girls who had been previously mesmerized, and who, after fumbling about the mask for some time, were utterly unable to read. Mr. Vernon explained the failure by attributing it to want of sufficient lucidity. A similar failure occurred with a boy who was afterwards mesmerized. The phenomena of *clairvoyance* could not be produced in any one of the persons wdo were subjected to Mr. Vernon's manipulations.

Dr. Waller stated that he was deputed, at a large meeting at Crosby Hall, to watch the experiments, and that they all failed; he mentioned an

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experiment with regard to catalepsy, which was supposed to have been produced by Mr. Vernon, on the person of a little girl, and whose arm, when fixed, Mr. Vernon defied any one to bend. He (Dr. Waller) tried to do so, and succeeded very easily. The other experiments attempted by the lecturer proved to be equally unsuccessful. Although he looked upon these exhibitions as utter deceptions, he still thought there was something in the science or art, which could not be explained.

Mr. Clarke, in expressing his disbelief in mesmerism, referred to the experiments performed in Bedford Square some years ago, with Dr. Elliotson and the O'Keys'. He mentioned that Dr. Elliotson had mesmerized these girls at the distance of three hundred feet, and yet he had recently failed altogether in producing that effect on some of the sisters, whom he had accidentally encountered in Tottenham Court Road.

Mr. Dendy, who confirmed all the statements made by Dr. Willshire, stated that he visited the Southwark Literary Institution purposely to develope the imposture. The experiments on that occasion were failures in every respect. He (Mr. Dendy) thought there was a great deal in mesmerism, but nothing at all in animal magnetism. He considered Vernon to be a thorough impostor, and one who ought to be exposed.

Dr. Roberts, Mr. Crisp, and other members, added their testimony against mesmerism, which Dr. Roberts said he looked upon as a piece of humbug.—*Medical Times.*

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REVIEW.

Recherches sur la quantite d'Acid Carbonique exhale par le poumon dans l'espice humaine. Par. M. M. ANDRAL et GAVARRET. (*Extrait des Annales de Chim. et de Phys. 3me serie, t. VIII.*) Paris, 1843. pp. 30.

Researches on the quantity of Carbonic Acid exhaled by the lungs in the human species. By M. M. ANDRAL and GAVARRET.

There is no subject, within the whole range of physiology and pathology, which is more worthy minute and accurate study, than that of the various circumstances attending and affecting the constant exhalation of carbonic acid from the respiratory organs of living animals.

It has long since been ascertained that this exhalation is a necessary accompaniment of their existence; and enlightened physiologists have generally agreed that it is mainly in this manner that the constituent carbon of the living body, after union with the oxygen supplied in respiration, is removed from the tissues to give place to new portions supplied by the food, and that thus are brought about the metamorphoses or changes of the elements of the living compounds by which vital action is always attended.

This continual oxydation of carbon, (and probably also of hydrogen,) in the living animal—analogous to what occurs in the ordinary combustion of our fires—is now believed, by a prominent class of philosophers, to be the only true source of animal heat. And in view of the constant association of this oxydation with vital action, the celebrated Liebig has enunciated the theory, that vital motion of every kind, whether cerebral or muscular, is dependent on the same process of change and oxydation. This theory has also been ably advocated by M. M. Dumas and Bossingault, in France; than whom none stand higher as industrious and successful chemical observers.

The mutual operation of the elements of the food and atmospheric oxygen in the living body, by means of which, it is believed, heat and vital force are produced, have been compared to those of the fuel and the air supplied to the furnace of the steam engine, which, by their combustion,

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produce not only heat, but force, in an amount proportional to the quantity of fuel thus oxydized.

M. Dumas, in his "Lectures on the chemical statics of organized beings," goes so far as to indulge in the following "reflection:" — "To ascend to the summit of Mont Blanc, a man takes two days of twelve hours. During this time he burns at an average 300 grammes* of carbon, or the equivalent of hydrogen. If a steam engine had been employed to take him there, it would have burnt from 1000 to 1200 to accomplish the same work."

"Thus, viewed as a machine, borrowing all its power from the coal that it burns, man is an engine three or four times more perfect than the most complete steam engine. Our engineers have, therefore, still much to do; and yet these numbers are quite such as to prove that there is a community of principles between the living engine and the other; for if we allow for all the inevitable losses in the steam engine, which are so carefully avoided in the human machine, the identity of the principle of their respective powers appears manifest and clear."

The theory of Liebig, thus most mechanically symbolized by Dumas, has caused quite a sensation in the scientific world. It is at once new, startling, and simple, corroborated by numerous ascertained facts and many analogies. But it must never be forgotten that it is as yet *only a theory*, stated by its author to be based on our present imperfect knowledge, and only to be permitted to stand until contradicted by some new truth ascertained in the progress of discovery; for no theory, from whateve, elevated source, although sustained by hundreds of facts and analogies can, in the present condition of philosophy, be sustained against a single ascertained truth with which it cannot be made to accord.

The theories of Liebig, while they will undoubtedly "mark the commencement of a new era in physiology," by the stimulus which they will give to accurate research, instituted to sustain or refute them, are, by their verisimilitude itself, calculated to lead the incautious into error; by inducing them to take these *probabilities* for the basis of reasoning or of medical practice; in the forgetfulness of the fact, that in all researches into the operations of nature, we must proceed entirely by the humble path of observation. Nothing can be predicated from the known of the unknown; and although a general adaptation to each other is to be observed in all natural agents and processes, yet, contrary to what is the case in mathe-

* The French gramme is nearly 15½ grains Troy.

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matical science, the operations of our reasoning faculties, exerted on a thousand positively ascertained truths, can never, without the aid of observation, enable us to supply a single new one.

The general remarks of the great Swedish chemist* on the present condition of animal chemistry, are peculiarly appropriate in this connection. "The moment approaches, for animal chemistry, in which the experience that has been acquired by the student of the metamorphoses which occur in the organic products of our laboratories, will conduct us to chemical speculations on those which operate in the living body, and in which chemists, who do not perceive the necessity for profound, special, and detailed knowledge of each part of physiology in particular, will boldly indicate to us what are the chemical phenomena that take place in the operations of the vital force. This easy species of chemical physiology is created on the writing table,—it is the more dangerous as it is developed with the greater genius, for the multitude of readers are not able to distinguish that which might be exact, from what is only possible or probable; and in this manner they will be led astray by probabilities,—they will consider them as realities, and, once admitted into chemical physiology, considerable effort will be required to banish them. The facility with which a chemical physiology may be made in this manner, by those who have a great experience in chemistry, and the faculty of combination largely developed, and probably the desire to be the first to give to the world this *physiology of probability*, will cause to arise an emulation for the priority, which will hasten the false direction of science."

Notwithstanding the predictions and the fears of Berzelius, but little danger is to be apprehended, in the present condition of science, and the present practical age, from the publication of theoretical views. Plausible, or even fascinating, as they may be, they will not mislead the real promoter of science, who never gives to a theory any but a provisional station. The first question which will arise in his mind is, as to their truth and accordance with nature, and the first effect they will produce will be to cause him to examine minutely into the existing phenomena on all the points where our knowledge is imperfect. Thus theory, going in advance of investigation, will be the handmaid to discovery; as she always has been when properly appreciated. No one will be deceived, or led into error, but the speculative and the unscientific, and these never aid, except incidentally, in the progress of knowledge.

* Berzelius. Rapt. annuel sur les progé de la chim. Presentee le 31 Mars, 1842.—Paris, 1843. p. 309.

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To the admirable publications of Liebig and the lectures of Dumas are we doubtless indebted for the principal motive to the interesting experiments detailed in the brochure of M. M. Andral and Gavarret, the results of which corroborate in a remarkable manner the theory to which we have just alluded.

Lavoisier and Seguin, Davy, Allen and Pepys, Dulong, Despretz, Menzies, and a number of other chemists, have endeavored to determine the amount of carbonic acid habitually evolved from the lungs of living animals, and particularly of the human subject; but while they have established the great amount and the universality of the exhalation, their results are so various as to quantity that new investigations were required, to ascertain the causes of the discrepancies observed, and to discover the physiological or pathological circumstances on which they are dependant; whether age, sex, constitution, rest or motion, sleep or waking, food, drink, or atmospheric influences, &c., or the various forms of derangement or disorganization which constitute disease.

This herculean task, which must be performed, with the aid of the improved processes of chemistry, and in the true philosophic spirit, before this subject can be fully understood, has been commenced by the authors of the memoir the title of which is at the head of this article, in the performance of seventy-five experiments, with a view to ascertain the influence af age, sex, and constitution on the exhalation in question.

The subjects of these observations were sixty-two in number, thirty-six males and twenty-six females, of all ages from eight to one hundred and two, and of various constitutions. The mode in which the experiments were made differs from that adopted by all previous investigators on this subject; being admirably calculated to remove all the sources of error which might exert an appreciable influence on the results.

The persons submitted to these experiments were caused to breathe, in the natural manner, in a copper mask fitted closely on the face by means of an edging of caoutchouc. From the mask a tube passed, which led to the interior of a series of glass balloons, of the united capacity of 140 litres,* in which a vacuum had been produced. Two other tubes, opening within the mask on each side opposite to the angles of the mouth, communicated with the external atmosphere, and were provided with light valves which prevented the escape of the expired air. When the communication between the interior of the mask and that of the vacuum globes was

* The French litre is a little more than a quart.

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made, by means of a graduated stop-cock; the subject breathed in the current of air, which was forced, by the pressure of the atmosphere, through the cavity of the mask into the vacuum of the receiving balloons. The current was graduated so as to permit breathing to go on without any inconvenience, or any effort to aspire air, or to expel the products of respiration, which were thus carried by the current into the system of vacuum globes.

At the end of the experiment, which lasted from eight to thirteen minutes, and in which about 130 litres of air was collected, the temperature of the collected air was allowed to fall, and its volume accurately ascertained by means of an attached barometer; allowance being made for temperature, the tension of the vapor of water present, and the capillarity of the barometer tube.

In order to estimate the quantity of carbonic acid evolved from the lungs of the subject during the time of the experiment, the collecting balloons were now put in communication with another series of glass vessels, in which a vacuum had been produced. The air which passed into the latter from the collecting vessels, was caused to pass consecutively through two systems of tubes—the first containing sulphuric acid, to absorb the moisture, and the second a solution of caustic potash, which removed the whole of the carbonic acid. When a certain amount had passed over, which generally amounted to 40 litres, during a space from 12 to 15 hours, the increase of weight acquired by the potash tubes, ascertained by weighing them, indicated the relative amount of carbonic acid collected in the experiment; subject to no other source of error than the small amount of this gas naturally contained in atmospheric air, which. being the same in all the experiments, did not modify the general results.

Before commencing an experiment, care was always taken to ascertain that the entire apparatus preserved perfectly the vacuum, and the exactitude of the process was *proved by the repletion of the experiment* several times, on the same subject, as nearly as possible under the same circumstances.

The comparative results of these experiments are in an unusual degree interesting. They are stated by the authors by estimating in *grammes* the amount of carbonic acid exhaled in an hour by each subject, and are summed up in the following paragraphs:

"1. The quantity of carbonic acid exhaled by the lungs in a given time, varies according to the age, sex, and constitution of the subject.

"2. In males, as well as in females, this quantity was modified ac-

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cording to the age, and this independent of the weight of the individual submitted to experiment.

"3. In all the periods of their lives, comprehended between eight years aud the most advanced age, males and females differ from each other in the quantity of carbonic acid which is exhaled from their lungs in a given time. All other things being equal, the male exhales a larger quantity than the female. This difference is particularly apparent between sixteen and forty years, the epoch during which the male generally evolves from the lungs almost twice as much carbonic acid as the female."

[In males from 16 to 40, the quantity of carbon oxidated in an hour, rises from 10.2 to 12 grammes; in the female, at the same epoch, it remains at about 6 or 7.]

"4. In the male, the quantity of carbonic acid exhaled constantly increases from eight to thirty years, and the increase becomes suddenly very great at the time of puberty. After thirty, this exhalation begins to decrease, and the diminution is more rapid as the subject approaches an extreme old age—to such a degree, that, at the last limits of life, the exhalation of carbonic acid may become the same as it was about the age of ten years."

[Thus, while the quantity of carbon discharged in an hour from the lungs of a boy of 8 years, is 5 grammes, at 10 years it is 6.8 grammes; at 15 years, 8.7 grammes; at 24 years, 11.6 grammes; from 30 to 40, it suffers a slight and gradual diminution; at 51 it is about 10.1 grammes; at 59 about 10; at 68 only 9.6; and at 102 years, as ascertained in one subject, it is only 5.9 grammes.]

"5. In the female, during the epoch from eight years to puberty, the exhalation of carbonic acid augments with the age, as in the male. But at the time of puberty, synchronous with the appearance of the menses, this exhalation, contrary to the fact in males, is suddenly arrested, and it remaius stationary, nearly what it was in childhood, as long as the menstrual discharge regularly recurs. At the time of the natural suppression of the menses, the exhalation of carbonic acid by the lungs is suddenly augmented in a notable manner: it then decreases, as in males, in proportion as the female advances towards an extreme age."

[Thus, while the carbon discharged in an hour amounts to 6 or 7 grammes, in femnles from 10 to 15 years of age, it remains the same during the whole of that period of life in which the menstrual discharge recurs regularly. At the time of the suppression of the menses, at from 38 to 44

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years of age, it rises to 8 or 9 grammes, and then goes on to decrease, as age increases, until at 82 years, it is again only 6 grammes.]

"6. During all the time of pregnancy, the exhalation rises to the quantity furnished by the female who has passed the epoch of the suppression of the menses."

[In four pregnant females, submitted to this experiment, the carbon oxidated in an hour was from 7.5 to 8.4 grammes.]

"7. In both sexes, the quantity of carbonic acid exhaled from the lungs, is proportionately larger as the constitution is stronger and the muscular system in a greater degree of development."

Thus, while a young man of 26, whose muscular system was extremely well developed, exhaled 14.1 grammes of carbon from his lungs in an hour, the mean of the observations made at this age gave only 11 grammes; and while a man of very weak muscular system, at the age of 45, only oxidated 8.6 grammes of carbon in an hour, another of 60, of extreme muscularity, discharged 13.6 grammes from his lungs in the same time, and one of 63 years, equally developed, gave 12.4 grammes. It would be a highly interesting subject of research to ascertain whether cerebral development or cerebral action is also accompanied by increased exhalation of carbonic acid from the lungs.

It will be seen that these investigations are only just commenced. But the able experimentors declare their intention to go on with their researches; and they will doubtless give, at some future time, a more extended view of the influence of the various physiological, pathological, or external circumstances which may affect this exhalation.

Similar researches have been commenced by M. Scharling, of Copenhagen; there is consequently every reason to hope that the science of physiology will speedily be enriched with a host of new facts, which will relieve many of its dark and speculative regions, and substitute positive truth for probable hypothesis.

Lexington, Ky., July 5, 1844. R. P.

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THE WESTERN LANCET.

CINCINNATI, JULY, 1844.

YELLOW FEVER.

In the May number of the New Orleans Medical and Surgical Journal, we find several excellent papers on yellow fever, of which the profession in New Orleans have ample opportunities for observation. In the Charity Hospital reports, by J. B. Slade, M. D., several important pathological facts are pointed out, which merit particular notice. It is now the most commonly received opinion, especially since the investigations of Louis in 1828, at Gibralter, that the disease of the liver is the peculiar and characteristic morbid appearance found in this fever. It is true, these observations were drawn from a single epidemic, and, therefore, may not be altogether conclusive; but the ability of the observers, Louis and Trousseau, their extensive opportunities for post-mortem examinations, and the undoubted character of the disease, have given an importance and authority to their reports unequalled by any other investigations on this subject. These strong claims to our confidence, and their apparent conclusiveness, cannot, however, preclude future investigations, or the respectful consideration of reports invalidating the preceding conclusions.

In the report by Dr. Slade, of cases treated in the Charity Hospital, it is stated that, contrary to the commonly received opinion, the liver was usually *quite healthy*. In all the cases examined, the chief morbid action was found in the stomach and bowels, which exhibited evidences of inflammation and its consequences.

These are important considerations, and may have a bearing beyond the

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disease immediately under notice. There can be but little doubt, that what is here termed *bilious* fever, depends no more upon absolute disease of the liver, functional or organic, than does that of yellow fever, as exemplified in the above reports from the Charity Hospital. It is a remarkable fact, and one that forcibly illustrates the indomitable nature of preconceived opinions, that post-mortem examinations of patients dead of fever, are often confined, almost exclusively, to inspection of the liver; and if any evidence of even vascular fulness can be detected in this protean organ, it at once affords a full and satisfactory explanation of the whole subject. But should it turn out, in the end, that *yellow fever*, a disease above all others that is supposed to depend upon hepatic disease, has not in reality that pathological relation as its essential element, surely it would greatly modify our conceptions of the bilious pathology of remittent fever.

The same Journal contains another very interesting article on yellow fever, written by Dr. J. F. Beaugnot. In the treatment of the fever, the author recommends a very bold, but certainly an entirely rational method of cure. The treatment referred to is, to bleed, at the commencement of the disease, until syncope is induced; this, of course, secures a *temporary* remission, and this partial abatement of the violence of the disease is embraced as an opportune moment to administer the great anti-periodic, *sulphate of quinine*. By these means the violence of the disease is at once mitigated, and the train of morbid actions ultimately entirely subdued, with greater certainty than has hitherto attended any other practice. This practice is not strictly original, although the author had not seen the suggestion until after he had resorted to it himself, and it was, perhaps, but little known in this country. True, quinine had been given in yellow fever, but not in the mode described by Dr. Beaugnot.

It is perhaps unnecessary to add, that the same principles, that is, the application of remedies for the purpose of securing an early remission, in our bilious remittants, as preparatory to the use of quinine, has been found eminently successful. For additional remarks on this subject, see Professor Mitchell's article entitled "*Hints for the correction of certain Practical Errors*," Western Lancet, vol. II, p. 361.

MANUAL OF EXAMINATIONS.—This is the title of a very neat volume of 615 pages, by J. L. Ludlow, M. D., and published by Messrs. Barrington & Haswell. It is, of course, designed to aid students in sys-

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tematizing their studies, and more especially to prepare them for the final examination for a degree. It embraces all the branches of medical science, and is sufficiently full and comprehensive to revive the student's knowledge of subjects previously studied, and to furnish him, at a glance, with a good general view of the whole subject.

We have heard objections urged to works of this character upon the supposition that students might be induced to rely upon the answers committed to memory, without acquiring a just conception of the subjects, and thus deceive themselves and their instructors. The sensible student, however, should be able to appreciate the character of such works, which are not really intended to impart a thorough knowledge of all the topics introduced, but rather to keep before him what has previously been learned, and to teach him the course of a general examination. With this view, and these restrictions, works of this character will prove highly useful to students. We have no hesitation in saying, that Dr. Ludlow's Manual is decidedly the best, both in relation to comprehensiveness and general accuracy, that has yet been published in this country.

For sale by Messrs. Desilver & Burr, 112 Main street.

Jefferson Medical College.—We have received the annual circular of this flourishing school, by which we learn that more than one hundred pupils were added to the class the last session, a gratifying evidence of its prosperity. Jefferson Medical College has gradually grown into favor, and may now be considered one of the most popular medical schools in our country.

Dearborn County Medical Society.—We are gratified to learn that a Medical Society has been formed in Dearborn county, Indiana, and that its prospects of a successful issue are undoubted. The first meeting was held in Aurora, on the first Monday in June, at which time the society was organized. The society meets monthly, and its exercises consist of essays and discussions.

Medical men have it at their command to advance their own interests, both in scientific and social relations, and all the benefits arising there-

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from, by concert of action, mutual interchange of opinions, and a better understanding of each other's character. We trust our brethren in Indiana will engage in this enterprise with a determination to place their society among the first of the country, and to emulate those of older date. Our esteemed friend and correspondent, George Sutton, M. D., is corresponding secretary.

ANIMAL CHEMISTRY. — The subject of animal chemistry is exciting no little interest at the present time throughout the medical world. The late publication of the celebrated Liebig has aroused a spirit of inquiry that will not again slumber until important discoveries are made, or recent propositions confirmed or refuted. Liebig's views are in part experimental and in part conjectural, and in estimating their value we should carefully bear in mind these distinctions.

One of the most bold and energetic opponents of Liebig's doctrines is found in the person of Prof. Caldwell, who has severely criticised the views of this great chemist. This author is one of the most able critics in the United States, and as he feels a peculiar hatred to the chemico-physiological doctrines which are now likely to receive public favor, it is not surprising that he should put forth his full strength in opposition to what he regards as the innovation of the chemists. Prof. Yandell replied at length to the criticism of his colleague, and Prof. Caldwell, considering himself aggrieved by the manner and matter of the reply, ha publighed a rejoinder, in which he intimates that a more lengthy paper will shortly appear, in which the entire subject will be more fully exposed.

We confess that we feel a lively interest in these discussions, and we doubt not that the profession generally, as well as the writers themselves, will be materially benefitted by the light that will be elicited, provided the combatants restrain themselves within due bounds, and prevent the controversy from degenerating into personal bickerings, of which there is some indications. Scientific points can surely be discussed, especially by colleagues, without engendering personal differences, or the use of offensive epithets, which will necessarily prove a diversion from the points at issue, and prevent the parties from exercising their accustomed judgment.

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TRANSYLVANIA MEDICAL SCHOOL AND THE WESTERN JOURNAL OF MEDICINE AND SURGERY.—In the May number of the Western Journal of Medicine and Surgery, is a communication, headed "*Transylvania Medical School,*" and signed "Y.," which, while it bears the semblance of candor and moderation, is replete with misrepresentation and ill feeling. It is believed that the author is Professor Yandell, of the Louisville Medical Institute, and that he also wrote, or prompted, several illiberal, sneering, and highly unjust articles against the Transylvania Medical School and its supporters, which have appeared in the Louisville Journal.

The body of the communication in question is principally made up of extracts from the newspaper publications of a writer who signed himself "A Friend to Lexington,"—a graduate of Transylvania, who, having taken offence at Dr. Dudley and some other of the Lexington Professors, thought proper, under the pretence of a desire to promote the welfare of the Transylvania School, to attack that institution in a most unwarrantable manner, and to publish erroneous assertions in regard to her standing and that of some of her professors, injurious to her and to them.

Some of these assertions are in substance as follows:—That the Transylvania School, which had so nobly sustained herself under all the difficulties she had encountered, and the unceasing war which had been waged upon her since the year 1837, has "commenced with fearful rapidity a decline in public estimation, and even in the estimation of its friends," and that this supposed decline is in consequence of the circumstance that Dr. Dudley, being Professor of Anatomy and Surgery combined, did not and cannot give the same amount of instruction on these two branches, during the session of four months, as was given in the Louisville Institute.

In the communication to which we refer, as well as in several reprehensible articles in the Louisville Journal, Dr. Y. endorses all that has been said against the Transylvania school of medicine, adding new injuries—when it is believed he must have known he was promulgating slanders, the effect of which, if believed, would be to prostrate a rival institution of learning of that in which he is a professor.

That Transylvania is in the decline, is easily disproved by a reference to her catalogues—the number of her students and graduates for the last session being actually greater than those of the preceding one—the class in the session of 1842–3 being 204, of whom 57 graduated, while that of 1843–4 numbered 214, of whom 59 were admitted to the honors

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of the doctorate. The elevated standing of the Lexington School, in the minds of the members of the profession, is shown in the large proportion of her graduating classes,* as well as in the high character sustained by her graduates as surgeons and practitioners.

The mis-statement that more time is devoted to anatomy and surgery in the Louisville Institute than in the Transylvania School has been already exposed in the same newspaper in which it was first made. Dr. Y. knew it well, yet he thought it proper to republish the injurious errors and to suppress entirely the correction and the truth. We will give the facts in the case, that the members of the profession may judge whether Dr. Y. has acted in this matter in a manner to promote that "peace," which he asserts, is "the only line of dignity," or whether his opprobrious publications, making rejoinder necessary in self-defence and in the cause of truth, are not calculated "to lead to a renewal of personal quarrels, of which the public is tired, and by which neither party is likely to gainany thing."

These are the facts: In the Louisville Institute, as we are credibly informed, the Professors of Anatomy and Surgery do not, together, lecture more than ten times a week on those subjects: they are assisted by a Demonstrator of Anatomy, and we doubt not they teach ably and successfully. In the Transylvania School, Dr. Dudley has always lectured nine times a week, and his adjunct Professor, Dr. Bush, lectured three times, making in all twelve public lectures of an hour each per week, on Anatomy and Surgery throughout the session. In addition to this, the adjunct Professor lectured three times a week to the dissecting class, and gave his daily attention to the dissecting rooms as Demonstrator of Anatomy. Instead, therefore, of there being less time devoted to these two subjects in Transylvania than in the rival School, there is actually a greater amount employed upon them, which, with the acknowledged ability and experience of Dr. Dudley, combined with his great powers

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* 1839–40, class in Lexington 257—regular graduates 60.
1140–41, " " " 254— " " 62.
1841–42, " " " 271— " " 55.
1842–43, " " " 204— " " 57.
1843–44, " " " 214— " " 59.

1839–40, class in Louisville 204—regular graduates, 39.
1840–41, " " " 205— " " —
1841–42, " " " 262— " " 53.
1842–43, " " " 187— " " 37.
1843–44, " " " 242— " " 47.

The honorary graduates are not included in these numbers.

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of simplifying and communicating knowledge, aided by his very able adjunct Professor, certainly rendered the courses of instruction on anatomy and surgery in the Lexington School at least as thorough and extensive as in any institution in the country. Indeed, the very able manner in which these two important branches of medicine have been taught by Dr. Dudley and his adjunct, has contributed in no small degree to the great prosperity of the institution.

All this is well known to Dr. Y., and he would not, himself, assert to the contrary. Yet he has, to the extent of his ability, been aiding the anonymous writer of Lexington in spreading abroad injurious misstatements, for the purpose of deterring pupils from attending the Lexington School, and inducing them to patronize the Louisville Institute. We leave it to his colleagues and the members of the profession at large to judge, whether this course is in accordance with the dignity of a Professor, with professional courtesy, or with the desire which he professes, to "see harmony existing among our numerous schools of medicine."

We had hoped that, in accordance with the wish expressed in the Louisville Journal some years ago, the competition between the two Kentucky Schools of Medicine would thereafter be one of honorable emulation. Such was the wish and the determination in Lexington, as can be shown by the invariable conduct of the Professors. When, in May, 1840, twenty-one highly respectable physicians of Louisville held a meeting, and published a series of very severe resolutions against the Professors of the Louisville Institute, charging them, among other things, with adopting a "standard of qualifications for admission to degrees, lower than that of any other School in the United States," and indirectly accusing them of *matriculating persons who could not read*, and of turning out upon the public hundreds of quacks, instead of educated physicians, the Lexington Professors did not think it right nor honorable to join in the controversy. Several other occasions of a like nature have passed, and they have alike carefully avoided entering the arena. On the contrary, nothing has happened in Lexington that could in any manner be perverted so as to operate against her School or her Professors, which has not been eagerly seized on in Louisville, and exhibited in a false light to produce an injurious effect on Transylvania.

Dr. Y. did not, doubtless, reconcile with his conscience and his dignity, the course of conduct which we now reprobate. He gives the following apology for his invidious remarks and his republication of the misstatements of the "Friend to Lexington," viz: "We should not have felt

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authorized to refer to this controversy at all, if Dr. Peter, quitting the defence of Dr. Dudley, had not taken occasion to allude, in very offensive terms, to some of the professors of the Medical Institute of Louisville."

That the force of this apology may be understood, we will give "the offensive remarks" of Dr. Peter in full; as they appeared in the Lexington Inquirer.

"There is a game, into which we would not enter, and to which it is exceedingly unpleasant even to advert, which has tended to enlarge the classes at Louisville, at the expense of those at Lexington, as well as at the sacrifice of the *dignity*, at least, of those who engage in it. It is this: when the pupils are assembling, *some* of the professors of Louisville, or their agents, watch the arrival of the steamboats and stages, and, in company with various other agents who crowd around the newly arrived passenger, *beset* the young men who are coming to our medical school, and offer them all the *plausible inducements* in their power to cause them to remain in Louisville. We have been informed by young men, who have resisted these insidious importunities, that these gentlemen take occasion to animadvert, not only on our means of instruction here, but even on the character of the professors. This would not have been stated, but in consequence of the reiterated proofs which have reached us of its truth. We hoped for an *honorable competition* with our rival, and we do not fear it; but should we be twice outnumbered by means of arts like these,—should Transylvania be, indeed, undermined and destroyed by her enemies in such attacks, let her fall, rather than she should be sustained by any other than a *manly* and *honorable* support."

The charge made in the foregoing paragraph is a grave one, but it is sustained by the testimony of many highly respectable and intelligent young gentlemen, who have for several years past come through the city of Louisville to the Lexington school. It is not made against *all* the Louisville professors—most of whom, it is believed, never did, nor never would stoop to such *cheap shop* trickery. It is made more particularly against Poofessor Y., *and he has not denied its truth, and he cannot.* The necessity for its promulgation caused great pain to the writer; but it was his duty to do it; and since the ascription of such a course of conduct to a learned professor gives so much offence to Dr. Y. as to be a sufficient apology to himself for his late aggressions, it is hoped that he will no longer indulge in practices which his conscience disavows, which, when exposed to the public eye appear so scandalous, and which will not, cer-

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tainly, tend to promote harmony "among our numerous schools of medicine."

It is the wish of the writer, as well as of all the Lexington professors, that this uncourteous strife should cease. They have always deplored it, but they have been driven, by the attacks of their rivals, to take up arms in self-defence. Even now the offensive war is continued; and while Dr. Y. is talking of *dignity* and *peace*, the professors in Transylvania are, doubtless by his pen or by his influence, sneered at and abused in the Louisville Journal, as a political partizan would scandalize a prominent opponent. Even those who have been lately appointed in the Lexington school, who have never taken any part in "the embittered strife between the rival schools," and whose high standing as physicians and as gentlemen, entitle them at least to that courtesy which always exists among gentlemen, and which should be in use among doctors,—have not been held sacred from the contumelious aspersions of the Louisville press.

This is not right. Dr. Y. will not say it is; but all this he has done, and for all this he is responsible. And yet, in the communication in the Western Medical and Surgical Journal, he calls on all "right thinking men" to "condemn an aggression by a professor in one school upon the members of a rival institution! Verily they will do it. P.

If any of our young medical friends have a desire to extend their observations beyond our own country, they should avail themselves of the opportunity afforded by the Foreign Missionary Society. They must not, however, forget the necessary qualifications in relation to a religious character.

Missionary Physicians wanted.—A better opportunity was, perhaps, never presented than the present, for three or four young medical gentlemen, suitably qualified, to visit remote but interesting sections of the globe. By entering into the service of the Foreign Missionary Society, a passage would be secured in a good vessel, well fitted for a distant voyage, and the individual would be put upon a salary equal to his entire annual expenses; proportioned, of course, to the necessary cost of living in the country where the Board might locate him. At some of the stations where a missionary physician would be placed, an additional income, it is not improbable, would be derived from incidental practice. But religious character is an absolute prerequisite for being a candidate, with such testimonials as would fully show the professional qualifications of the person applying.

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A brilliant reputation has been achieved by several missionary physicians, whose surgical operations abroad, for originality, boldness, and success, are unsurpassed in the annals of their own country. Their influence has been great with the nations and tribes of Asia and Africa, the Islands of the South Sea, and the western coast of America. While the savage, impelled by the hot spirit of revenge for a real or fancied injury, pounces upon the object of his hatred with the ferocity of an infuriated tiger, he never dares to molest the *medicine man*, in whose hands, according to his theory, are the shafts of death and the pabulum of life.—*Boston Med. and Surg. Jour.*

The following article is quite as well adapted to the meridian of Cincinnati as that of Boston. Quackery is making fearful progress in every part of the country; and. so long as it receives the patronage and direct support of the Government, it will continue to extend its destructive influence. We may perhaps advert to this subject again, and furnish some account of the nature and extent of quackery in this city.

Progress of Imposition.—A shop is opened in Boston for the especial purpose of an anti-consumptive medicine. It is represented to be the discovery of a Dr. Halstead, of the State of New-York. To give it an air of importance, the handbill declares he "has discovered a remedy for curing consumption in its first, second and third stages. Its fourth is incurable," and therefore the benevolent sage has no preparation for that unlucky segment of the malady.

In walking through the principal streets of Boston, the afflicted are met at every corner by the most seductive advertisements of remedies for every human infirmity. There is such an abundance of testimony, too, of marvellous cures, when the forlorn patient was bereft of all hope under regular, that is, scientific treatment by honest, experienced physicians, that certain classes of men and women are persuaded against their own judgment, to dip deeply into the irresponsible nostrums of quack medicine dealers. Unrestrained by law, and the field being both open and profitable to all who have the hardihood to embark in the trade of selling specifics, conscience being smothered in an envelope of profits, these adventurers are constantly on the increase.

References are ordinarily made to gentlemen in official stations and clergymen, who not unfrequently lend their names to oblige a friend, and thus the unreflecting consumers of patent medicines feed upon such mixtures as the balm of life. We have no expectation of relief, since the spirit of the age is decidedly in favor of this system of sponging. People love to take drugs. Some prefer it in quart bottles, and others in the form of homœopathic pellicles, five thousand to the grain. Medicine they will have, and they seem to think him the best practitionor who disposes of the greatest number of doses in a given time, whether good or bad, great or small.—*Bos. Med. & Surg. Jour.*

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, AUGUST, 1844. No. 4.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Statistics of Three Hundred and Thirty-three Deaths in Chariton and the adjoining counties in Missouri, for the last ten years, with Remarks.* By JOHN H. BLUE, M. D.

SCHLOZER tells us that history is statistics in a state of progression—statistics is history at a stand. It is about a century since this important branch of the sciences received its name and systematic form in Germany. But it is not until a much more recent period, that it has been made particularly subservient to medical knowledge. The French and English are paving the way, in their very comprehensive statistics, for something like mathematical accuracy in the present history of medicine. We have not the police materials, except in some of our cities, for medical statistics in this country. But each physician, in his own neighborhood, can do something towards supplying the desideratum. Dr. V. J. Fourgeaud of St. Louis in this State, has already contributed an interesting paper on the "mortality among children" in that city. For my own part, I have been at considerable pains in preparing the following tabular statement of the *adult* mortality in my own region—far up the Missouri river—a "*terra incognita*" almost to the great world.

Through the kind assistance of my friend Dr. Peticrew of Keytesville, I have been enabled to run back the list some two or three years. I am also indebted to my friends Drs. Southworth and Vaughan, of Glasgow, for a part of my materials.

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The *locale* of my statistics is Chariton and the contiguous parts of Saline, Howard, Randolph, Mason, Linn, and Carroll counties, comprising an area of some forty miles square, near the centre of the State, watered by the Missouri and the two Charitons and the North Grand rivers, and their branches; soil originally, for the greater part, either alluvial forest or undulating prairie; present population, some twenty-five thousand. For more particulars see "Blue on the Topography and diseases of Chariton, Mo." in the forty-second number of the Transylvania Journal of Medicine, 1868.

These Statistics embrace the deaths of all persons over two years old—the period of the first dentition—for the last ten years, which have come to our knowledge, and of which we have any satisfactory account. They do not pretend to great accuracy—most of the cases are reported from memory—some of them from hearsay—many of the ages are guessed at; but I think, for all practical purposes, the general results will be found sufficiently correct.

DISEASES.	NO. OF DEATHS.	AVERAGE AGE.
Remittent fever,	90	28 years.
Congestive do.	23	22 "
Pneumonia, 15 Typh. pneumonia, 6	21	37 "
Consumption,	19	31 "
Typhoid fever,	18	24 "
Hepatitis,	17	35 "
Intemperance,	12	44 "
Scarlatina,	8	7 "
Cachex. Africana,	8	18 "
Continued fever,	6	28 "
Diarrhœa,	6	31 "
Dysentery,	5	21 "
Jaundice,	5	45 "
Dropsy,	5	28 "
Puerperal fever,	5	24 "
Croup,	5	3 "
Apoplexy,	5	40 "
Scrofula,	4	41 "
Cancer,	4	51 "
Enteritis,	3	25 "
Cerebritis,	3	13 "

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Casualties, 7; maltreatment, 4; all other causes, 50 deaths—twos and ones dying of some forty other diseases.

Recapitulation—diseases fifty-five—number of deaths, 333—*average of human life*, total 9957÷333=30 *years very nearly*.

Of the 90 who died of Remittent fever at an average of twenty-eight years, twenty-nine were under twenty-one years old. Of the 23 who died of Congestive fever at the average of 22, eleven were under 21 years. Of the 18 who died of Typhoid fever, ten were under the age of twenty-one; and no one was over forty; verifying as I have since seen, the opinion of Prof. Bartlett, that Typhoid fever is "a disease of early life."

Of the whole number who died, 182 were males and 151 females. The greatest age recorded is 75 years.

Under the head of Congestive fever, are ranged all cases in which patients sank early in the attack, before reaction took place, whether from malaria or any other cause, with prominent symptoms of internal engorgement.

Pneumonia ranks third in the catalogue—and when it is taken into the account, that under the head of Consumption are comprised many of what were originally cases of Pneumonia which terminated in disorganization and abscess of the lungs, the amount will be fearfully augmented. In many instances the Liver is involved—pneumonia biliosa producing a very unmanageable form of disease. True tubercular consumption is of rare occurrence—malarious action on the liver and other abdominal viscera antagonizing the developement of tubercles in the lungs, except they are developed by unsubdued or subacute inflammation of the lungs, in what is vaguely called "Quick Consumption."

Typhoid fever here does not necessarily mean *dothinenteritis*—it is used rather to express the fatal termination of all pyrexia, whether remittent or continued, that assumed a low, nervous and prostrating form, but without marked congestion. True Typhus, I believe, is rare among us—that is, the typhus which is contagious, and not malarious in its origin.

In the class Hepatitis are many cases perhaps, that might have

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been reckoned with remittent or congestive fever; but the diseased action of the liver, acute or chronic, was the prominent symptom. Somewhat analagous were the cases of Jaundice—their distinctive character being the icterode line of the skin.

Dysentery and Diarrhœa generally occur in the summer and autumnal months, and are, for the most part, connected with malaria in their origin.

Dropsy is one of the sequela of Intermittents and other miasmatic dieases that break down the constitution. In my whole catalogue, I have but one death recorded from Intermittents, in ten years, over a country forty miles in extent. And yet I cannot doubt, but that it has laid the foundation of several other cases.

From the above remarks, it will be but too obvious, that malaria is the great scourge of our new and fertile country. Indeed many more than half the deaths on my list are caused at an untimely age by this "pestilence that walketh in darkness, and this destruction that wasteth at noon day." The rosy young man, whose broad shoulders and sinewy form should have borne the load of fourscore years; and the bright, blooming girl, who should have lived till the third generation, and the child of few years and long promise are the marked victims of malaria. They are hurried to an early tomb in such numbers as to fritter down our three score years and ten to the bare average of thirty years; in one list which I have of 110 from the most malarious district, to an average of scarcely twenty-seven years!

There is a consideration or two which should be taken into this account. Of those who thus fill an early grave, many are unacclimated emigrants who often suffer for the comforts of life, a good tight cabin, suitable food and clothing and proper medical attention. They frequently die the first or second year after their emigration. But as the population increases, and the lands are put under thorough cultivation, and the inhabitants become indiginous or proper natives of the soil and learn to seek medical aid in time from physicians who understand the diseases of the country, I have no doubt, the average of human life here will rise considerable higher.

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Yet take it as we will, malaria is the destroying angel of the west, lurking amid the gayest flowers and the most luxuriant verdure of of the country, creeping along over slow, meandering rivers, spreading over our fields rank with vegetation; or floating in the breeze that might seem "the breath of Araby the Blest". Where the soil is the deepest and richest there malaria scatters the seed, and the reaper is Death! Consumption causes perhaps one-fifth of the mortality in some parts of New England—all other diseases of the lungs and their appendages added make one-fourth of the mortality dependent on maladies of the respiratory organs. But here remittent fever causes more than one-third, and all other miasmatic diseases swell the list to more than one-half of all that are gathered to the tomb!

The twelve cases of intemperance show the high average of 44 years. But it should not be inferred from this, that drinking produces longevity, nor that it is conducive to health in malarious countries. There is no evidence that the use of spirituous liquors prevents disease; on the contrary, it produces hepatic and other visceral derangement which favors the development of miasmatic diseases; and under such circumstances, the symptoms are always of a more serious and fatal type. Many of the persons on my list who have gone down to a premature grave, honorably noticed as the victims of fever, jaundice, hepatitis, consumption, and dropsy, shattered their constitutions and invited in fatal disease by their previous intemperance.

Chariton, June 1st, 1844.

ART. 2.—*Cases Treated at the Commercial Hospital, Cincinnati.*

Reported by E. A. HILDRETH, M. D., Resident Physician.

JOHN PATRICK, æt. 40, brushmaker: about a year ago he had bilious fever, since which time he has had cough, with viscid expectoration sometimes streaked with blood; frequently feels a sense of tickling in the larynx producing cough; has had several attacks of epistaxis. Formerly "drank hard."

Has reducible inguinal hernia of sixteen years standing. There

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is dulness on percussion of the chest, in the right sub-scapular region, with crepitant rale, and in the superior part of the right mammary region, there is bronchial respiration and bronchophony.

Appetite gone; tongue coated, dry, and tremulous; skin dry and hot; respiration short and quick; pulse frequent, quick, and small; bowels loose. MM. Wet cups to ℥vi over the right sub-scapular region.

℞ Spts. nit. dulc., } aa., ℥ij;
Spts. mindereri, }
Tart. antim., grs. ij. M. ℥ss. every 3rd hour.

June 1st. Tongue still coated, dry, somewhat glazed at the tip; respiration less difficult.

4th. Tongue more clean, and moist; skin natural; pulse less frequent—omit his medicine and give—

℞ Massa hydrarg., } aa., grs. v., every night.
Comp. ext. colocynth, }

7th. Skin dry and hot; respiration quick; no pain in his chest:

℞ Spts. mindi, ℥ iv;
Tart. ant., gr. j. M. ℥ss. every 4th hour.

Continue alterative cathartic.

9th. Pulse frequent and feeble; bowels loose; skin warm, and moist: omit spts. mindi, etc.—

℞ Quinine, } aa., grs. v, every six hours.
Dover powder, }

10th. Appears more prostrated; bowels restrained; has no pain.

℞ Carb. ammo., ℥j;
Mucilage, ℥vi;
Paregoric, ℥ij. M. ℥ss. every 3rd hour.

Omit quinine, Dover's powders, and alterant.

15th. Still sinking; pulse frequent and feeble, at times intermittent:

℞ Prunus Virg., ℥j;
Carb. soda., ℥j;
Aqua fervt., ℈j. M. ℥ss. every 2nd hour, with tinct. hyoscyamus gtt. v; if his tongue does not become clean by to-morrow give massa hydrarg., grs. iv, with ext. hyoscy., gr. j.

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17*th.* Pulse, at times, imperceptible at the wrist; tongue, dry, cracked, and covered with a thick tenacious mucus. Continue treatment. Died at 12 o'clock, M.

POST MORTEM.—*Stomach.*—Glands enlarged, tending to ulceration; mucous membrane of a slate color; thickened; deposition of lymph beneath it; duodenum exhibits much the same appearances. *Lungs.*—Tubercles in superior part; bronchi of right lung dilated, lower part hepatized, and the pleura covering that part thickened. *Spleen* about three times its natural size, diffluent. *Liver*—much enlarged of a yellowish color, fatty degeneration having commenced. *Heart.*—Osseous deposite about the size of a pea, on the columnæ carnæ of the left ventricle; mitral and tricuspid valves thickened; auricular septum thickened, and covered with granules of osseous deposites.

CASE 2.—CARL KLINE, æt. 26, carpenter. *June* 13*th.*—Four day's ago was taken with lassitude, pain in his joints, chilliness and fever. At present has headache; pain in the right side; dry cough; appetite gone; tongue coated, moist; pulse frequent, quick and tense; skin natural temperature, moist; body and extremities covered with petechiæ; bowels loose, stools small in quantity, voided with considerable pain, dark colored, and fœtid. MM. Castor oil, ℥ss; Laud., gtt. xxx.

14*th.* Cathartic operated; skin hot and dry; pulse frequent:

℞ Spts. mindi, ℥ij;
Tart. ant., gr. j;
Sal nitre, ℈j;
Paregoric, ℥j. M. 3 every hour until [diaphoresis.

15*th.* Skin became moist after the fifth dose of his medicine; tongue furred, and dry; skin dry and hot; pulse frequent.

℞ Calomel, grs. ij;
Sal nitre, grs. vi;
Ipecac., grs. ss. M. Every 3 hours.

Toast water for his drink. Omit his other medicine.

17*th.* Was delirious last night; skin still dry and hot; petechiæ larger; pulse frequent, full, feeble; slight tenderness to pressure of the abdomen.

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℞ Spts. mindi, } aa. ℥j;
Spts. dulc. nit., }
Tart. ant., gr. ¼. M. 3 every second hour until his skin be moist.

19*th.* No fever this morning;—appears to be sinking, took four doses of the mixture last prescribed.

℞ Quinine, } aa. grs. ij. M. Every three
Pulv. iph. comp, }
hours; and at bed-time, camphor, opium, aa., gr. j. Omit his other medicine.

20*th.* Still sinking; skin cool, moist; pulse feeble and intermitting; subsultus tendinum. Cover the abdomen with a mustard poultice.

℞ Carb. ammo., } aa., grs. v. M. Every 3 hours.
Quinine, }

3 *o'clock, P. M.* Respiration slow and laborious; surface cool and moist; pulse at times imperceptible at the wrist; abdomen tympanitic and tender; knees drawn up. Apply Granville's Lotion to the abdomen; brandy toddy ℥ss. every hour. Died 4 o'clock, P. M., in convulsions.

AUTOPSY.—*Brain* much congested, in other respects healthy. *Lungs* healthy. Mucous membrane of the stomach, injected, and thickened, particularly at its pyloric extremity. Follicular ulceration, involving the lower portion of the ileum, caput coli, and several inches of the ascending colon. Several of the ulcers are about an inch in diameter, with raised and hardened edges, perforating the mucous coat. There is one patch of ulcers, at the entrance of the ileum into the caput coli, with much thickening of the tissues. Mesenteric glands much enlarged. *Spleen* twice its natural size, pultaceous.

ART. 3.—*Ante-Mortem Examination of a Case of Quackery.* By JOHN DAWSON, M. D., of Jamestown, O.

THE object of this report is to detail the *symptoms*, *pathology*, and *treatment* of a case of quackery which lately fell into my hands, and for which, in consequence of some circumstances, I was compelled to prescribe.

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SYMPTOMS.—The case to which I have referred is a "botanical doctor," by the name of Dr. L. T. He formerly resided in the East, says he there studied the "regular system," came to this country and was connected for a while with the "*botanic faculty*" at Worthington, in this State as a *professor*. From considerations, best known to himself, he *amputated* himself from that *learned* body, and took up the occupation of "botanic doctor," and has resided within the last three years, in as many different places, including Xenia, Dayton, and New Paris, all in this State. He is from appearance 35 or 40 years of age, tolerably tall, thin frame, and looks as though he *enjoyed* bad health. With this much upon the *history* of the case we will proceed more directly to a consideration of the *symptoms* as they were manifested on the occasion of our first and only interview. It may be proper, also, to state, that when our observations were made the patient was *accouching* himself of a lecture on the advantages of the "botanic system." His language was tolerably chaste, and rather mild. He spoke of the importance of medical knowledge to the people, of the imperfect condition of medical science as taught by the regular faculty, physicians themselves being the judges; of the "destructive consequences of using poisons," such as opium, calomel, etc. in the treatment of disease, and of the inability of "regular" physicians to treat diseases successfully, on account of bad theories or rather no theories at all. He seemed to be really afflicted with things of this kind; and supposed that homœopathy, patent pills, panaceas and nostrums of every kind were resorted to, because of inability in the regular faculty to answer the purposes for which it was instituted. Pained with such hallucinations as these, he labored also under a *delusion* that if the following "*principles*," as he called them, were made the basis of a system of medical practice, mankind would live to be taken out of the world with nothing, save and except old age:

1. Life is a state sustained by stimulants.

2. All disease is a diminution of vital action, therefore, disease is a unit.

3. Fever and inflammation are identical, and are both efforts of nature to throw off disease.

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4. All remedial agents should act in harmony with the vital laws.

He exhibited traces of monomania on each of these "*principles*," and seemed to be *abnormally* confident that they were not only true, but that their adoption for the government of the "Healing Art," would redeem it from the darkness and confusion with which it is at present enshrouded, and place it upon a footing with the more brilliant and certain sciences of the day. With these symtoms before me, the next thing was to ascertain the proper pathology of the case. This, of course, could only be done by a just consideration of the *history* in connection with the symptoms, and such *dissections*, *ante mortem*, as we are ordinarily permitted to make. From all these lights we inferred the pathology to consist: 1. In a morbid supposition that every thing in this world, connected with human pursuits, is perfect, therefore the medical art should also be perfect; 2. In a *congenital*, or some other, lesion of the understanding, not knowing what the powers of the healing art really are, what the resources of medicine or the various morbid phases of disease are, and the control which an enlightened physicians is able to exercise over the latter; 3. In a very *oblique* conception of the nature of a poison, and its proper definition; 4. In a *deranged* condition of the judgment—mistaking the *theories* of Rush, Brown, and Sydenham for "*principles*" upon which to found the "botanical system;" and lastly in an hypertrofied state of "*acquisitiveness*"—plagiarising from these men in the regular profession, and not referring to them as being the authors of these theories.

TREATMENT.—Called upon by the patient himself for counsel and such treatment as I thought proper to institute; I yielded to the solicitation, and assumed the management of the case with the expectation of no other reward, than a consciousness of having attended to a part of the duties of a physician. As is frequently the case in the treatment of disease the *indications* to be fulfilled were various, and seemed to have grown out of several causes. Prominently standing out, as if demanding immediate relief, was the supposition that the medical art ought to be perfect, that physicians

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ought to be able to cure all diseases with which mankind are afflicted. For the relief of this symptom, I prescribed an argument upon man's human nature, his liability to err, the circumscribed powers of his observation, the small amount of actual knowledge that he possesses on any subject, and the folly, or rather foolishness, of expecting perfection on any subject at his hands. I endeavored to *get it into him*, that medical science, like all other sciences, was in its infancy, that it was now being cultivated with a great deal of success, and that in a short time it would take control of all disorders, except those which are the *opprobrium medicorum*, with which the Creator makes good his saying, that, "*It is appointed for man once to die.*"

For the disordered condition of his understanding, I ordered a careful, patient persual, of the elementary works on medical science, an attendance on the prelections of some of our teachers, with an examination of their facilities for imparting useful and available information on all medical subjects. On making known this prescription to my patient, he expressed himself as having previously tried the efficacy of such remedies, and found them to be incompetent to the cure of his malady. I replied, that, unless he was insusceptible to the influence of all remedial measures, he would certainly be cured; and that his former failure was perhaps referable to the adoption of *impure* or *inert* means.

His *optical illusions* led him to believe, that poisons could exist in nothing but opium, calomel, and the preparations of antimony. To these in connection with blood-letting were due the poisonous consequences that follow the practice of the regular physicians. Knowing the defective character of the glasses through which he had been accustomed to look at poisons, we concluded to order them laid aside for a while, and have a pair provided through which he could see poison *in all substances capable of acting in a noxious manner on the vital properties of the system.* At first my patient expressed himself much pleased with this view; but as soon as he discovered that it embraced *Lobelia, Cayenne*, and *number six*, when improperly administered, three favorites of his heart, his symptoms relapsed, and his vision became as much as ever distorted.

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The *trouble* under which he labored, in mistaking those old theories of Brown, Rush, and Sydenham for *principles*, I regarded as one of the most serious symptoms with which he was afflicted. Its import seemed to point directly to a *lesion* of the judgment, which I was apprehensive might be *congenital*. Knowing, however, that a mild prescription could do no harm, but on the contrary, that it might serve to make the features of the disease more obvious, I concluded to give one a trial. I *admistered* to him: 1st, The fact, that the term *principle*, derived from the Latin *principium*, in its scientific acceptation is understood to mean a *truth*, either without proof, or considered as having been before proved; hence when we use the term *principle* in medical science, we always have reference to an admitted truth, a something concerning which there can be no division of opinion; 2nd, That *theory*, derived from the Greek *theoria*, could, at most, mean nothing more than a *speculative* exposition of any subject, which theory or speculative exposition is only used or adopted, when, from the nature of the subject, it is incapable of being demonstrated, or of being made to assume the form of truth; hence, the diversity of theories on the *modus operandi* of medicines, and other kindred subjects, where the evidence of which we are in the possession, amounts to nothing better than speculation or mere probability; 3rd, That, if the theories of Brown, Rush, Sydenham, etc., had been susceptible of proof, their authors, those by whom they were originated, and who doubtless understood them the best, would never have left to any part of posterity, much less to "botanical doctors," a work, the value of which to their respective systems, they so well understood; and, that if the genius of the authors of those theories could do nothing more than fascinate and amuse the medical world of their day, what can be expected at the hands of a class of men, whose only claim to distinction consists in an affected contempt of almost everything like medical knowledge, and a stupidity of intellect, that aims at nothing higher than the attainments of a drone? The effects of this prescription was most visible in an uneasiness of the general system, such as you would observe in an emaciated patient sitting upon a few sharp pegs. He was continually

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changing his attitude, resting a while upon one tuber of the ischia then upon the other, until at last he exclaimed, that he would take no more of the prescription, until he returned home, to consult, I supposed, his friends. I prevailed on him, however, to stay a while longer, until I took him through the full course of prescriptions which was at first contemplated, promising him that his case, although almost beyond the reach of hope, should not be neglected at all, but, that on the contrary, the treatment should be continued more vigorously, if possible, so long as there was a trace of the vital principle that seemed to be worth preserving, or a fragment of the disease capable in any way of interfering with the integrity of his system.

Partly, perhaps, by these assurances, and the anxiety of his friends to keep him from acting the "*baby*," he was induced to stay and see the end of the prescription.

The pathological state, for which I had yet to offer some measures of relief, consisted, as before remarked, in an *hypertrophied* or some other bad state of that organ which phrenologists call "*acquisitiveness*," plagiarising from the regular profession, the theories of some of the older physicians, without giving those physicians any credit at all for the invention of those theories, but on the contrary, palming them off upon the ignorant and credulous as having been first brought forward by "*botanic doctors*." Difficult, as I was aware the correction of such a condition would prove itself to be, the idea of abandoning the case to nature for a spontaneous cure seemed to me to savor rather too much of the "*expectant*" mode of treating disease. The treatment was therefore continued by advising the patient: 1, That the right to intellectual property, whether worth any thing or not, is generally regarded as being more sacred than the right to any other kind of property, it is regarded as being as much more so as mind is superior to matter; 2, That all honorable men look upon plagiarism as a species of literary theft, for the commission of which no small degree of moral turpitude is required; 3, That all attempts by "*botanic doctors*" to use the theories of physicians of the regular faculty as their own, as having been first brought forward by them, will not fail to excite, in any one capable of appreciating literary labors, the most deliberate

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contempt. 4. That if the "botanic doctors" are unwilling to content themselves with the sufficiency of the theories of their former head and center, Doctor Samuel Thompson, viz., that "heat is life, and cold is death," it is their duty to come out and acknowledge this to the world, and cease all attempts to keep life in their cause by plagiarising from the older theorists of the regular profession. 5. That the "*steam*" and "*pepper*" humbugs, notwithstanding all the trickery of their advocates in assuming new names, such as "*vegetable doctors*," "*botanic doctors*," "*reformed vegetable botanic doctors*" *etc.*, are about to be recognised, by even the victims of the imposition, in their true character; and that in view of this fact, it would seem to behoove the fraternity to make preparations for returning to those avocations for the duties of which they are better qualified, and from which they have so suddenly and unceremoniously taken their departures.

The effects of this prescription upon my patient was most evident in the confused appearance of his countenance, which seemed to indicate that he had been before unconscious of this peculiar feature of his disorder, not knowing that such plagiarisms would exclude him as effectually from the society of the learned and honorable, as if he was exhaling continually from his body the fetor of a skunk.

I know not whether the treatment of this case produced any permanent amendment in the symptoms, for the patient became *impatient* and left without making a report. In good faith, however, it was conducted on my part, and the issue, as in other cases, time alone will make known, either to the relief, or, perhaps, to the aggravation of his malady.

REMARKS.—Without doubt it is a question of no small importance, and yet undecided, whether the public good would be more subserved by paying no attention at all to cases of this kind, or by meeting them before the people and stripping them of those assumed pretensions by which the ignorant and credulous are deceived. We know, that to notice and refute the sophistry of their rotten system incidentally imports to them a degree of consequence, which, however small, is economically used for the promotion of their cause; while to permit their boasting over the heads of physicians of having a superior sys-

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tem, and their traducing the practice of physicians is calculated, if kept up without being refuted, to result in injurious consequences to both physician and patient. This being the case, we are of the opinion, that when they go spouting through the country on the merits of their system, as was done in the case which I have reported, and by an individual, too, who is to fill one of their professors chairs this winter at Cincinnati, it is the best policy to meet them before the people and expose them. We have made the experiment, and, not only found that it was easily accomplished, but, that it was also successful. The sophistry of their matter is so very flimsy that it requires but little effort to make the matter appear in all its naked deformity, to the judgment of any community, having an ordinary portion of common sense.

ART. 4.—*Remarks on Malaria.* By L. DYER, M. D., of Fredericktown, O. Read before the Medical Convention of Ohio, May, 1844.

IN asking your attention to a brief paper on malaria, it is not in the vain expectation of shedding upon the subject new light, or otherwise investing it with particular interest. I am frank to admit in advance, that the chief motive which prompts me to obtrude upon your notice a topic so common-place and so familiar, is the hope that some of the unsettled points connected with this subject, may receive, on the present occasion, the attention of my professional brethren.

The commonness of the diseases arising wholly or in part from this agent, and our familiarity with them, does in no measure diminish, but rather enhances our obligation to patiently investigate them, and to dissipate, if it be possible, the mists that obscure them. And if our knowledge of medical science be progressive, as it doubtless is, it may not be presumptuous, perhaps, to indulge the hope, that some of the gentlemen whom I now address, may live to see the day when they will treat a well settled and familiar facts many things, hitherto deemed too recondite for the comprehension of human intellect.

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Without regard to methodical arrangement, I proceed to notice some of the unsettled questions connected with this subject, upon which I trust the members of this body will take occasion freely to express their sentiments.

In the first place then, What is malaria, or that morbific agent upon which intermittent fever and some other diseases are supposed to depend? This inquiry, meeting us, as it does, at the very threshold of investigation, appears not to be understood. It is supposed by some to be gaseous—by others to consist of organic matter, resulting from vegetable decomposition, and held in solution by aeriform vapor—and yet be others, it is supposed to consist of living animalculæ, so minute that no microscope has, as yet, been able to detect them. But whether the experiments of Magendie, of Volta, of Bosingault, of Moscali, of Delille, nor of Riddle, have furnished a rational and satisfactory answer to our inquiry. If malaria exists in a gaseous form, it has no effect, so far as chemistry has demonstrated, of changing or modifying the constitution of the atmosphere, however highly charged with it. And if the popular opinion that it consists of decomposed vegetable matter, be correct, still, the evidence on which it rests is chiefly inferential. That malaria exists in the form of swarming myriads of living tadpoles, so sublimated as to defy the power of the strongest magnifying glass, is a doctrine, the conception of which belongs to Riddle; and to him, if to any, will unquestionably belong the honor of demonstrating its truth. The question then returns upon us, "What is malaria?"

The opinion is perhaps universal, that this effluvia is generated in greatest abundance in marshy districts, along water courses, by ponds and stagnant pools; and that the immediate agents requisite for its production, are heat, moisture and vegetable matter. Yet, in numerous localities in new England and other parts of the country, combining in an eminent degree these favorable circumstances, intermittent fever is scarcely known. I am aware, that the absence of malarial disease in these sections of country, is often imputed to the coldness of climate, the barrenness of soil, and the want of

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sufficient vegetable matter. But this is assuming for fact, I apprehend, what is not susceptible of proof. May not the production of this agent depend greatly upon some peculiar geological constitution of soils—and if so, in what does such peculiarity consist?

The opinion that mill-ponds are generally detrimental to public health, is also very common; and upon this opinion is doubtless founded the statutory act, declaring such artificial ponds as are manifestly the cause of sickness, to be public nuisances; and regarding the persons having created them, as guilty of a high misdemeanor. An important cause of this nature, involving property to the amount of some thirty thousand dollars, was tried in this county, at the late term of Common Pleas. It was alleged on the one hand, that a certain neighborhood was made extensively unhealthy by the erection of a mill-dam. On the other hand it was claimed that other local causes existed, abundantly sufficient to have produced the sickness complained of. This cause occupied the attention of the court for four days; and the verdict rendered by the jury, is understood to have depended upon the medical testimony of gentlemen, who are members of this convention, and now present. The eminent counsel for the prosecution and defence of this suit, saw fit in the course of the trial, to investigate a variety of questions pertaining more especially to medical Topography; and in as much as they are questions involving matters of theory and of fact, interesting alike to physicians of every locality, I will take the liberty of noticing some of them. As they can be best presented in the interrogatory form, I will adopt that method.

Are the artificial ponds to be found along our water courses to be regarded, generally, as legitimate causes of malarial disease? If there be a difference, as to the amount of miasm generated by them, to what circumstances is that difference owing? What is the effect of alternately inundating and exposing to solar and atmospheric influence, the margin and shoals of these ponds, as daily takes place in times of low water? Do small lakes, and natural ponds, commonly called stagnant waters, generate miasm in any considerable quantity? What is the effect of completely submerg-

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ing marshy lands? Is the production of malaria particularly favored by a large quantity of standing timber, upon grounds completely inundated? Do the clearing up, and bringing into cultivation new lands, increase this poison? Do soils influence the generation of this agent; and if so, what soils are most favorable? In what way do trees arrest the passage of malaria through the atmosphere—is it simply by opposing a physical barrier to its progress, or does their foliage absorb it—and if absorbed, does it constitute an element of vegetable nutriment? To what distance may this agent be transmitted in form sufficiently concentrated to produce its specific effects upon the animal system?

To the foregoing inquiries which were raised on the occasion referred to, I beg leave to append a few more. Writers upon malarial diseases, assert, that salt water marshes are more productive of miasmata than fresh water. If this be true, how is the fact to be accounted for, since muriate of soda is supposed to retard both animal and vegetable decomposition? Are persons residing upon the banks of rivers, ponds, and other bodies of water, and in the immediate vicinity of marshes, more exempt from the specific influence of malaria, than those living a little remote?

The diseases supposed to be induced by this morbific agent, are, intermittent and remittent fever, dysentery, rheumatism, and a variety of neuralgic affections. Is *typhus fever* produced by the same cause? Dr. Eberle, and some other writers, have given to simple intermittent fever a septenary character — does the observation of the profession confirm this opinion? What is the pathology and rationale of the tremor, or spasmodic muscular contractions of the cold stage of an Intermittent paroxysm?

In the treatment of intermittents, is it advisable to interrupt the paroxysms as early as practicable; or if allowed to recur for a few days, are relapses less likely to ensue? At what particular time, in what doses, and in what form, should quinine be administered? Does this remedy possess the quality of a permanent tonic, or is it to be regarded chiefly as an anti-periodic? and does the materia medica furnish a good substitute for it?

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SURGERY AND OPHTHALMOLOGY.

ART. 5.—*Tracheotomy in the last stage of Croup.*—Dr. SOUTTETTEN, Prof. at the Military Hospital, Strasbourg, communicated to the French Academy of Sciences on the 8th January last, a case of croup in which tracheotomy was resorted to successfully. The subject of this case was the professor's own daughter.

This child, when three weeks old, woke up suddenly in the night greatly agitated; refused to take the breast; respiration stertorous; little or no cough. These untoward symptoms disappeared in the course of the next day, and three weeks passed away without any further accidents. On the 22d Jan. 1840, just after she had been washed, and while still naked, she was exposed to a cold draught, without seeming at the time to be affected. The succeeding night she was taken with the above-mentioned symptoms; the skin hot: pulse 120; tympanitis; little or no cough; hurried respiration; whistling sound during expiration. The same remedies were administered as before. 23d. Child continued in the same state until 11 P. M., when she appeared somewhat better, but after two hours the symptoms reappeared; mustard poultices were placed on the lower extremities, but they created so much irritation that it became necessary to dress the parts with simple ointment, mixed with the tinct. opii, and to cover them with compresses steeped in cold water. 24th. No amelioration; a consultation was held, and the only remedy proposed was a blister to the nape of the neck; at 3 P. M., the child threw up a considerable quantity of viscid mucus of a grayish colour, which seemed to relieve it. At midnight, the symptoms having increased in intensity, and the weakness of the child counter-indicating antiphlogistics, Dr. S. endeavored to produce vomiting, by titillating the fauces, and succeeded in producing slight nausea, followed by the expulsion of mucus and some pseudo-membranes. This being insufficient, he administered two grains of tartar emetic with very little benefit. Death appeared now imminent; the face and lips were deadly pale; muscles relaxed; breathing very weak; pulse insensible;

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extremities cold. Insufflation by the mouth seemed to produce a slight amelioration, but as the greater part of the air was lost in the mouth, pharynx, and fossa nasalis, he introduced a gum elastic sound into the trachea, which, though useful, caused so much irritation, cough, vomiting, and spasms, that he was obliged to withdraw it. This was no sooner done, than the symptoms re-appeared, and it became necessary to introduce it and remove it several times. A consultation was again held, and the general opinion was that death was inevitable, and the operation therefore useless. But as the beating of the heart still showed that life was not extinct, Dr. S. resolved, however accute his sufferings might be, to operate himself, rather than wait for the colleague who had promised to do so. The skin etc. divided, he was about to open the trachea when M. M., whom he had requested to keep his finger on the pulse, exclaimed, "It no longer beats." Dr. S. ceased immediately, and insufflated some air into the lungs, which animated the child. The trachea was then opened; the air rushed into the lungs and the child opened its eyes; not having a dilator, Dr. S. introduced the sound he had previously employed, and insufflated some air: finding this produced no effect, he endeavoured to imitate the movements of expiration, by pressing on the thorax, producing thus an artificial respiration. The child remained in this precarious state for two hours longer, during which insufflation was constantly necessary, after which it recovered gradually. The extremities, however, being still very cold, they were enveloped with hot flannel. The breath continuing to be very offensive, the mucous membrane of the mouth and fauces were touched with a hair brush dipped in muriatic acid. On the third day there was a slight irritation of the chest, and two leeches were applied, which greatly relieved the little sufferer. On the fifth day the air passed, for the first day since the operation, through the mouth and nostrils; the canula was therefore removed from time to time; on the tenth day the wound was united, and twelve days after, cicatrization was complete. During convalescence, after a good deal of pain, a considerable quantity of pus escaped from the ear, after which the child soon recovered, and is now quite well.—[Amer. Jour., from Med. Times.

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ART. 6.—*Powerful Counter-Irritation especially the Long Issue on the Calvarium.*—By GEORGE WALLIS, M. D., *Physician to the Infirmary, and Lecturer on Anatomy, Bristol.*—Dr. Wallis received the first hint on this subject from Mr. Richard Smith, the present Senior Surgeon of the Bristol Infirmary, who, in many cases of severe injury of the head, is accustomed to make an incision through the scalp, whether or not there be symptoms of fracture or depression; and this he does for two reasons, viz., to cause a local loss of blood, and to produce an advantageous counter-irritation. Dr. Wallis has used the same means in a variety of cases of organic affection of the brain, both chronic and acute; in paralysis, impending effusions, convulsions, erysipelas of the head and membranes of the brain, in fever in the very advanced stages, etc. He says that "its effects are more permanent, and its disadvantages are fewer than those of any other remedy now in use." It is not, however, to be used in the first onset of disease, but when all the ordinary means have been fairly tried, and have failed to produce relief. In acute diseases, the greatest discrimination will be required to make use of this remedy at the proper time; for if, in serous effusions, for example, it be delayed till the ventricles are filled with fluid and pressure has commenced, it rarely happens that absorption can be promoted sufficiently to effect a cure.

The circumstances which are necessary to be attended to in making the longitudinal incision or issue on the calvarium are these:—Let the head be shaved entirely, and have the patient brought near the right side of the bed: raise the head by a hard pillow, and put a towel round his neck to receive the blood; let an assistant keep the head steady; at the same time draw the scalp downwards in all directions, so as to strain the calvarium as much as possible; the scalp will divide with so much more ease. In this your own left hand will materially assist, by placing it at the upper and back part of the head, commencing the incision between your thumb and fore-finger as far back as the lambdoidal suture; press the scalpel sufficiently down so as to divide the scalp entirely through at once; carry on the incision directly along the sagittal suture as far as the hair grows on the scalp, and which will

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cover the cicatrix after the issue is healed up. The length of the incision thus made will be in the adult about seven or eight inches; take care that the scalp be divided entirely and perfectly through, so that the edges of the incision will separate so far as to enable you to introduce a dossil of lint, rolled up hard, as thick as two fingers, and which should be well soaked in spirits of turpentine; this answers the double purpose of increasing the effect of the incision, and makes suppuration come on earlier, and will usually assist in stopping a further loss of blood. The arteries very soon retract and cease to bleed; there is seldom more than six or eight ounces of blood lost, and this quantity may be very readily curtailed if it be desirable to do so.

In those cases where depletion has been carried to a sufficient extent, prior to your determination to use this remedy, and the further loss of blood be unadvisable, it may be prevented in the following manner—The instant the incision is completed, close the sides of the wound and make pressure upon it with your hand, whilst your assistant hands the lint, well soaked in the spirit of turpentine, and rolled up firmly of a proper length, so as not to extend beyond the extreme length of the incision, as it would be inconvenient in strapping down the wound sufficiently to check the flow of blood; a little flour and dry lint may be superadded if necessary, but the dossil must not be made so thick as to rise much above the edges of the wound, or else the adhesive straps will not be secure by being elevated, and thereby prevented from adhering near the edges of the incision. Should the incision be imperfectly made, that is to say, not entirely through the scalp, the arteries might be only partially divided; in which case they will continue to bleed, notwithstanding the pressure you may have made; of course the arteries will require to be completely divided, to allow them to retract and cease to bleed.

The best method to adopt where there is much restlessness and delirium, and to which I generally have recourse when a further loss of blood is not desirable, and there is a risk lest the patient should disturb the dressing and cause the bleeding to be renewed, is the application of the *actual cautery* for an instant to the arteries; this is very readily done, and is not perceived by the patient. It is better to be

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provided with the means of doing so in every case where any additional loss of blood cannot be afforded. The common thick plaster knife, which is used for spreading plasters requiring heat, answers very well, and should be put into the fire to be ready if wanted; in one instance I had occasion to regret that the surgeon did not take this precaution. The arteries divided are of course the coronal branch of the temporal and the anterior superior branch of the occipital, making two on each side; they will cease immediately to bleed by a slight touch of the red hot iron for an instant. This is a safe mode of proceeding, especially in all those cases where the loss of blood cannot be borne, and where the surgeon lives at a distance from the patient. In the greater number of cases, however, the loss of a few ounces of blood is an important advantage, and the arteries will retract and cease to bleed before you desire them. In such cases, where it may be desirable that a certain quantity of blood should be lost, the hæmorrhage may be promoted by the constant sponging of the wound with warm water. When sufficient blood has flowed, introduce the dossil of lint, press it well into the wound so as to separate the edges as widely as you can, and apply your adhesive straps. These should not be more than one inch wide, and must be eight or ten inches long, that they may have a firm hold of the scalp, and support them by the double-headed bandage; or, perhaps, in those cases where the night delirium is troublesome, the patient may pull them or loosen them with his hands, or whilst rubbing his head or rolling it about on the pillow, by which means the arteries may be again opened and a serious and inconvenient loss of blood may occur; one instance of this kind having occurred in my practice, I do not wish to see another. The straps ought to be cut or set at liberty on the next day, the first minute you are safe from renewed hæmorrhage, on account of the inconvenience the patient feels from the pressure. Great relief is felt when the straps are cut, and a bread and water poultice is placed along the head on the top of the lint. If suppuration be not inclined to come on by the second or third day, a little spirit of turpentine may be rubbed up with some unguentum resinæ flavæ, or even a little blister ointment, either diluted or not, may be used.

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When the lint comes out, another dossil may be used, rolled up in the same way, covered with digestive ointment or savine ointment, etc., so as to keep up an effectual irritation. In a few days a double row of peas, seventy or eighty strung together, may be used to prevent granulations filling up the issue; a point rather difficult to accomplish, especially in chronic diseases where the issue is required to be kept open three or four months. Indeed this cannot be done without the repeated use of caustic, the application of which however is beneficial, not only in keeping open the issue, but also in adding to the effects of the issue as counter-irritant. Most cases require this to be done every five or six days, if you wish to keep up a continued and energetic effect.

Dr. Wallis, gives a series of very interesting cases to prove the truth and value of his recommendation.—[Braith. Ret., from Trans. of Prov. Med. Asso., vol. II. p. 307—336

Art. 7.—*Foreign body in the Eye.*—M. D., an architect, brought his son to M. Guepin, in 1843. This boy had a fragment of iron in his eye, which extended from the cornea to the capsule of the crystalline lens, and almost touched the iris. It was impossible to grasp the fragment, and an incision would have been difficult, as it lay upon the upper edge of the pupil. M. Guepin accordingly devised the following remedy. He prescribed a collyrium made with distilled water and acetic acid, being persuaded that if the fragment became oxidized at the corneal extremity, the oxidation would spread over its whole surface, and that the dissolution and absorption of the fragment would follow. The event justified his supposition. At the end of three weeks, the cure was complete, with the exception of an almost imperceptible white point upon the capsule, and a very slight cicatrix on the cornea. In another case, the same collyrium was again used with success to carry off the oxide of iron left in the substance of the cornea by a fragment of iron which had remained in it a considerable time.—[Amer. Jour., from Annales d'Oculistique.

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ART. 8.—*Use of Chloride of Sodium in Diseases of the Eye.*—Dr. Tavignot (l'Experience) employs the chloride of sodium, as a topical application, with advantage, in the treatment of different forms of inflammation of the eye, and more particularly in ulcerations of the cornea, in the form of ointment or collyrium, and sometimes even in substance. He considers it to be more efficacious than nitrate of silver, and other substances which are commonly applied, in such cases, and less likely to produce permanent irritation, or to act as an escharotic. The ointment is prepared in the proportion of one to four drachms of common salt to the ounce of lard; the weakest preparation being used at the commencement of the treatment, and the collyrium is made with from one to three drachms to the ounce of water. One drachm to the ounce will be sufficiently strong for ordinary cases.—[Med. Times.

ART. 9.—*Extirpation of Dracunculi from the Eye.*—Dr. William Lovey records two instances of the dracunculus being found moving beneath the conjunctiva of the ball of the eye. The patients were both natives of Africa, (Kroomen). They applied to him, one in April, and the other in June, 1842, complaining of itching, and a sensation as if something was moving about in the eye; on examination, Dr. Lovey observed a worm moving round and round the cornea, beneath the conjunctiva, causing very little, if any irritation, for up to the date of their application for advice, they appeared to have been unconscious of the presence of a foreign body. The extraction was performed without any difficulty by snipping off a small portion off the conjunctiva, raised on a tenaculum, over the centre of the worm. Neither of the dracunculi, when extracted, was found to exceed two inches in length.—[Med. Times.

MIDWIFERY.

ART. 10.—*Malignant Puerperal Fever.*—Mr. Crowfoot states in the *Provincial Medical Journal*, when speaking of the treatment of malignant puerperal fever, that one, or at the most two bleedings

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to faintness from the arm may be employed in the first twenty-four hours, but, as far as his experience goes, the most powerful remedies are derivative bleedings from the vulva or anus by leeches; on the same principle of derivation, a scruple dose of calomel followed, if necessary, by a saline aperient, will aid in cutting short the disease. The treatment otherwise should be of the most soothing description, warm stupes should be applied to the abdomen, combined doses of calomel and opium should be given to allay irritation, with some saline febrifuge, and the patient's strength should be supported by mild nourishment. As the disease advances it must be left to the best judgment of the practitioner to vary the treatment according to the prevalence of symptoms of undue action, or of exhaustion; but under the most judicious management the result will be too frequently disastrous.—[Med. Times.

Art. 11.—*The Midwives of Greece and their Remedies.* By X. Landerer, M. D., *Professor of the University of Athens.*—The ignorance and superstition of the Greek midwives are very injurious to their patients. Their remedies are curious, kept secret, and are employed without consulting the physician. They consist either in such as promote menstruation, or in such as remove sterility.—To promote menstruation, they use strong emenagogues, as aloes, crocus, and rubia tinctorum, and they consider fresh resin of firs prepared with turpentine, an infallible nostrum in these cases, and administer it, made up with bread into a sort of bolus, weighing about one drachm. Should this dose not have the desired effect, they administer a second and a third, and recommend draughts of camomile tea, or decoction of matricaria parthenium, or of herba aurantiorum, to be taken afterwards. They also use, for the same end, vapour baths in the following way:—The patient is placed on a close stool filled with boiling water, in which rue and orange leaves are digesting. After she has been exposed for some time to the vapors, she is brought to bed, and receives some cups of rue tea. This last mode is said to fail very rarely. Their treatment of *sterility* is more dangerous. As a general rule, the barren female seeks first the assis-

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dance of midwives, who generally employ violent and exceedingly stimulating remedies, introduced at once, *per vaginam*: Among others, they use boluses of myrrh, camphor, oil of hamomile, pinks, and cinnamon, cotton *tampons*, with tincture of castoreum, moschus, and even cantharides! Onions, garlic, vapour baths, with herbæ rutæ, and fresh orange leaves, are also used. This unwarrantable treatment is often, of course, followed by dangerous local inflammations. In difficult and protracted labors, they often administer brandy or rum, with pepper and cinnamon, in such doses as to intoxicate the patient. The oil of almonds is also much used. *Some midwives are in the habit of shaking the patient very violently, in order to promote delivery.* The new-born child is nursed in the usual way, with the exception that the midwives consider dangerous—cleanliness, frequent washing, and combing. All diseases of infants are according to midwives, caused by colic, and *syrupus rhei* is given as a specific. If the child becomes very restless, they give it poppy-juice, which they prepare themselves from the papaver rhœas. If the child remain still restless, they give it a panada prepared from wine and biscuit. The children, of course become intoxicated, and often lie for days and nights in a soporific state. The abuse of these remedies, and the excessive swathing of the children, are, no doubt, the cause of so many of them dying by hydrocephalus. If the child cannot be pacified by opium, nor by its vinous food, it is supposed to suffer from flatulence. To remove this, the midwife performs an exceedingly cruel operation; namely, the inversion of the navel. They bore a finger into the navel of the child, and turn it round several times. The cries of the children show the incredible pains caused by this operation, which, however, generally removes the flatulence. Umbilical ruptures are thus often caused. We know, that in consequence of determination of blood towards the abdomen, the movements of the living fœtus are sometimes not felt by the mother. In such cases, the Greek female immediately applies to the midwife, who roasts a few pieces of cheese, which she lays on the belly in the form of a cross, and makes the patient eat some of it. Should the child not move now, a second remedy is employed, which consists

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in boiling datas, and binding them on the belly. Should both these remedies fail the life of the child is despaired of. The midwife, resorting to her last resource, takes a mouthfull of rum or brandy, and spirts it with force in a fine stream through the teeth on the naked belly of the pregnant woman, whose eyes are generally blindfolded to prevent her from witnessing the operation. This remedy, I have been assured, according to the assertions of many women, is infallible, and promptly elicits the child's movements, if it be alive. To *promote the secretion of milk* in the suckling woman, the Greek midwives chiefly use the milk of *hazel-nuts*. The hazel-nut kernels are made into an emulsion with melon seeds and sugar. *In three cases* I witnessed *a considerable increase in the secretion of milk* after the use of some glasses of this emulsion.—[Med. Exam., from Med. Times, April 13, 1844.

ANATOMY AND PHYSIOLOGY.

Art. 12.—*Digestion.**—Structure of the Teeth.—Mr. Lintott† has pointed out the fact of a regular and constant formation of a layer of bone, or, probably, of imperfect ivory like what Mr. Nasmyth has called ossified pulp, within the pulp-cavity of the human tooth after the age of twenty years, independent of any wearing down of the enamel. The layer is thicker at the orifice of the dental cavity, and gradually diminishes as it descends into it till it is lost upon the walls; its thickness increases with advancing age. He remarks also that the part which is by far the most frequent seat of the commencement of decay in the molar teeth is the groove which separates the tubercles of their crowns, and at which the operculæ (according to Mr. Goodsir) meet when the papillary is changed into the capsular stage of development. These grooves are first affected as regularly in the upper as in the lower jaw; as if they were from

* Mr. Paget's Report on the Progress of Anatomy and Physiology.—[Brit. and For. Med. Review.

† On the Structure of the Human Teeth.—Lond., 1843: abstract in the Lancet, June 24th, 1843. There are some excellent illustrations of the mode of growth of teeth, in Mr. A. Shaw's paper "On the effects of rickets upon the growth of the skull," in the Medico-Chirurg. Trans. 1843, vol. xxvi.

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the first imperfectly developed [that is, probably, they are liable to the imperfections of parts last formed, such as are seen often in the other *lines of median or central fusion*].

Salivary secretion.—Dr. Budge* has found that after extirpation of the parotid, submaxillary, and sublingual glands in a dog and a rabbit, the secretion of saliva continued; its characters remained the same, and no function was disturbed. [The experiments add probability to the opinion that the labial, buccal, palatine, and other glands which the experimenter left behind, are salivary glands.]

A case of a kind of metastasis of the salivary secretion, is related by Dr. Roleants,† and is interesting in its relation to the general physiology of secretion. A man eighty-two years old, had an attack of bronchitis, with fever, followed by suppuration around and probably in one of the parotid glands. The abscess was opened and two months after a large mass of chalk-like substance was discharged. The abscess soon healed, and he recovered his health; but now, whenever he masticates, saliva flows freely from the skin of the cheek and temple of the side formerly diseased. As soon as he begins to eat, the skin becomes very full of blood, and hot; and gradually drop after drop of clear fluid, with all the characters of saliva, collects on its surface, and runs down the cheek and neck, and continues to do so just as long as he continues eating. His health is not disturbed, and the saliva-secreting surface of the skin is natural in its texture.

Anatomy of the Pharynx.—Professor Mayer of Bonn described some time ago‡ a *bursa pharyngea* in many mammalia. He has since found it several times in men. It lies in a corresponding

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* Schmidt's Jahrbucher, Bd. xxxv., Heft 3. Dr. Budge's conclusions on the chemical and other characters of the saliva are confirmatory, so far as they go, of the statements in the essays by Dr. Wright (Lancet, March 5, 1842, and following numbers); of which I must regret that those relating to the composition of the saliva were published before the date at which this report commences. Many of them are confirmed also by Lehman. (Schmidt's Jahrbucher, 1843, No. viii., p. 156.) He however states that he has always found sugar altered by lactic acid being produced by their contact at 95 deg. Fahr. See also on this subject the review of Schultz, Ueber die Verjungung, etc., in vol. xvi., p. 232.

† Heije's Archief voor Geneeskunde, 1842, St. iv.

‡ Froriep's Notizen, April, 1840.

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position to that which it occupies in the mammalia, namely, in the middle line in the mucous membrane covering the body of the sphenoid bone, just behind the posterior border of the vomer. It is sometimes large enough to hold a cherry-stone, and in one case was double. He thinks it probable that in other mammalia, in which the bursa is larger, it may sometimes communicate with the sphenoidal sinuses.*

Functions of the Stomach. MM. Sandras and Bouchardat,† assuming that, in general, dissolved substances are absorbed by the veins of the stomach, while those that are insoluble are taken into the lacteals, believe that they have proved that the chief classes of aliments are thus disposed of: 1. Fibrin, albumen, caseum, gluten, and the gelatinous tissues are dissolved by the aid of hydrochloric acid [and, probably, of pepsin]. A mixture of six parts of this acid with 10,000 of water they found sufficient to make all these principles, swell up into translucent masses, and *sometimes* to dissolve them. 2. The starchy and saccharine principles are converted wholly or in part into lactic acid, and in that form are absorbed in the stomach. 3. The fatty matters are insoluble, and pass into the intestines, where they are taken up by the lacteals, and form the greater part of the chyle. The experiments which were performed to confirm these opinions before the reporters to the Institute did not succeed well; but if they had done so it would still be hard to explain how the albumen and fibrin can be formed on the chyle from fatty matter alone. Still, that some of the starch of food may be transformed and absorbed in the stomach is confirmed by the experience of Dr. Percy.‡ These make it probable: 1, that sugar is formed in the stomach by the digestion of starch or wheat flour, though neither these experiments, nor any others yet performed can afford demonstrative evidence of it; 2, That the dextrin into which the starch is first transformed may be at once absorbed, so as to reduce the quantity of sugar which is formed; and, 3, That the sugar which is formed must be quickly further changed

* Neue Untersuchungen aus dem Gebiete der Anatomie und Physiologie—Bonn, 1842.

† L'Experience, Fevrier 3, 1843, from a paper read before the Academie des Sciences.

‡ "Case of Diabetes," Medical Gazette, April 7, and following numbers, 1843.

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or absorbed. The latter is the more probable conclusion, and best accounts for the very small quantity of sugar which is ever found after feeding on starch. Lastly, Dr. Percy suggests, that in the cases in which Dr. McGregor found sugar in the stomachs of those diabetic patients who for several days had had only animal food, it might be formed by the oxydation of the fat which is constantly being absorbed from the body during emaciation.

Composition of the Bile.—Dr. Kemp,* by careful elementary analysis of the bile of the ox, has corroborated Demarcay's opinion that it is essentially a true chemical compound of an electro-negative body with soda. But he holds that this body is neither the *choleic acid* of Demarcay, since it is not precipitated from the soda by acetic acid, nor the *bilin* of Berzelius, because it is not precipitated from the soda by carbonic acid. He has therefore given it the name of *bilic acid*. It has a peculiar bitter-sweet taste, and in mass resembles a fine resin. It is soluble in every proportion in water. In a subsequent paper† he has shown that a much greater difference than is usually imagined is effected in the bile while in the gall bladder. Bile from the hepatic ducts of an ox was destitute of the bitter taste of cystic bile; its smell also was different. It chiefly consisted of two different electro-negative bodies, separable by alcohol and each combined with soda.

Absorption.—M. Lacauchie‡ describes the intestinal villi as possessing during life a power of alternately retracting and elongating themselves by a kind of vermicular motion, which he believes to be influential in the propulsion of chyle. And his account, so far as these movements are concerned, is confirmed by MM. Gruby and Delafond,‖ who have observed them in the recently slain horse, dog, and rabbit.

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* London Medical Gazette, Dec. 16, 1842, and March 3, 1843,

† Medical Gazette, May 5, 1843.

‡ Paper read at the Academie des Sciences, May 15, 1843, see Comptus Rendus and contemporary journals.

‖ Paper read and reported as above, June 5, 1843. MM. Gruby and Delafond assign to the epithelium-cells of the villi nearly the same offices as are, with much more probability, assigned by Mr. Goodsir to the transitory cells developed within the villi.

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They add that besides the movements of retraction and elongation, the villi are capable of moving laterally in all directions, and that their epithelium cells bear cilia.

Some experiments by D. Behr* may serve, perhaps, to explain somewhat of that which was supposed to depend on an elective power of absorption possessed by the lymphatics, and certainly have added much to the probability that the force by which the lymph is carried along the lymphatics is that of the contraction of their walls.† It has been long known that the lymphatics will not convey certain substances, especially narcotic poisons, while they do carry others. If, for example, the animal's abdominal aorta be tied so as to stop the circulation in its posterior extremities, and ferrocyanate of potass be inserted in a wound in one of them, it is absorbed and carried into the blood by the lymphatics, and is found again in the urine. But, if under the same circumstances, a narcotic poison is put in the wound, the animal is not killed by it; and it was supposed that the lymphatics in this exercised some kind of choice. The result of Dr. Behr's experiments are these: 1. Acetate of strychnine was introduced into a wound in an animal's leg, while the circulation was uninterrupted, and death, with convulsions, etc., occurred in five minutes. 2. Ferrocyanate of potass was introduced into a similar wound, and ten minutes after acetate of strychnine into another wound: in four minutes the animal died of the poison, and the ferrocyanate was found in the urine. 3. The same substances were introduced together into a wound in the leg: the animal died poisoned, and even sooner than before, and the salt was found in the urine. 4. The abdominal aorta was tied below the renal arteries, and when the hind limbs were paralyzed, the acetate of strychnine was put into a wound in one leg and the ferrocyante of potass into a wound in the others. After two hours and a half there were no signs of poisoning, but on killing the animal the salt was found in the urine. 5. The abdominal aorta was tied as in No. 4, and the acetate of strychnine and ferrocyan-

* Henle and Pfeufer's Zeitschrift, fur ration. medicin. Heft i., 1842, and Schmidt's Jahrbucher, Heft iii., 1843.

† See last Report.

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ate of potass were introduced into the same wound. The animal showed no signs of poisoning, and the salt could not be found in the urine. This last experiment was several times repeated, and, with unimportant variations, with a constantly similar result. It would follow, therefore, that when the circulation in the blood-vessels is stopped, the lymphatics can absorb and convey to the blood ferrocyanate of potass, but not acetate of strychnine; and that when the two substances are applied to them together it can absorb or carry neither. Hence it is supposed that the force by which the lymphatics convey fluids is that of the contraction of their walls, and and that they are paralyzed by the direct contact of narcotics, as other involuntary muscles are.

Mr. George Robinson* has related some experiments in evidence that the absorption of blood-vessels depends on a force generated by and proportioned to the velocity of the blood which is moving in them. He compares it to that force with which water or any other fluid traverses a main tube will draw fluid through a side brance, even against the weight of a considerable column. He has often repeated this well-known experiment, and has added proof that the same force will act in the same way through one or more membranes. Having filled a wine-glass with colored fluid, and having connected its contents, (by means of a bent tube twelve inches long and one-fourteenth of an inch in diameter, and having one of its ends covered with membrane) with the interior of a pipe half an inch in diameter, he found that within five minutes after the stream had began to flow rapidly through the last-mentioned pipe, the whole of the air present in the smaller tube was absorbed, and its places supplied by the colored fluid, which had risen from the glass. In another experiment the fluid from the glass was raised through the shorter tube to the membrane, and was made to flow in a slow but constant stream towards the fluid, passing through the larger pipe.

* Lancet, May 27, 1843.

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REVIEW.

An Essay towards a Correct Theory of the Nervous System. By John Harrison, M. D., Professor of Physiology and Pathology in the Medical College of Louisiana. Philadelphia: Lea & Blanchard. 1844. pp. 292.

The author of the above named book states in his preface that "the leading idea of this work was suggested by the following remarks, which appeared in the American Journal of the Medical Sciences, for August, 1835: "It may be very possible that in these neuroses, the change, though so slight as to escape our means of detection, does absolutely occur; and yet such is the nature of nervous phenomena, that we must admit that great and extraordinary effects are produced by very slight causes. Do we see anything like this in nature—any remarkable alterations in properties depending upon apparently slight causes? We do—we see extraordinary changes taking place in the characters of various inorganic substances, (to which I need not particularly allude) and there is no reason why the same thing should not occur in organic structures. On considering the doctrine of *isomerism*, I should be inclined to think that it throws some light on this obscure subject. In chemistry, it is a well known though singular law, that the properties of two bodies may be essentially different at the same time that their respective component elements are, as far as our knowledge goes, identically the same; and the change, whatever it may be, appears to result, not from the abstraction or removal of any of the component atoms, but from their peculiar juxta-position. Now, it being admitted in chemistry, that many bodies having the same constitution possess totally different properties, and this difference being explained by the different position of their elements, it does not seem strange if the same thing should take place in the phenomena of organized bodies—a difference in the arrangement of of the molecules of the component parts of the nerves or their centres—may produce new modifications of their properties, without making any distinct change in their nature, or adding or abstracting

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a single organic molecule. I am much inclined to adopt the opinion of those who think that in the neuroses, a peculiar organic change takes place, though we cannot demonstrate its existence; because, to reason on the phenomena of animal life independently of organization, is to plunge blindly into hypothesis, and retrace the errors of an antiquated and exploded school."

The above remarks, says the author, are by Dr. William Stokes of Dublin.

Setting out with the above peculiar principle in view, Professor Harrison proceeds to the discussion of the following distinct topics: Transmission; the nature of the change undergone; the principles of natural philosophy and chemistry: the manner in which the change is transmitted; innervation; certain effects of nutritive action; adynamia; hyperdynamia; ataxia; explanation of phenomena; application to pathology; review of the electric theory of nervous action; life; absorption.

We proceed to give an abstract of our author's physiological and pathological doctrines, after which we will offer our own views on the peculiar speculations set forth in the work.

"CHAPTER I.—*On Transmission.*—The phenomena in which the nervous system is concerned, may all be referred to five classes.—1. Change of nutritive action in the tissues; 2. Muscular motion; automatic and voluntary; 3. Sensation; 4. The intellectual functions; 5. The emotion; including under this head the passions, desires, moral affections, etc."

Instinct, the author conceives, consists in the operation of exterior agents upon peculiar organizations of the nervous substance. One thing is observable in each of the above-mentioned classes of phenomena, transmission of the states, or affections of the nervous substance from other and sometimes distant parts; we cannot change the condition of one particle of the nervous matter without extending the change, more or less, to other parts of the body. The term *innervation* has been employed to designate in a general manner the phenomena produced by this transmission. All sensation in the higher animals is experienced in the encephalon, and there begin those

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molecular changes in the nervous substance which terminate in voluntary muscular motion.

Affections of the nerves may proceed directly from the brain, or from the spinal cord previously affected, or from injury to the trunk of a nerve. The state of the brain may induce changes of various kinds, such as blushing, all cases of erection, violent passions affecting the nurse's milk, loss of breath from sudden joy or grief, pallor of countenance from anger, sighs from love, diarrhœa from terror, and supersecretion of urine from anxiety, bleeding at the nose from violent anger, tears from grief.

Changes of action transmissible through the nerves from the spinal cord are seen, in tears, from exquisite pain, pallor and coldness of the body from local injuries, secondary inflammation, effects of blisters on irritable habits, effects of cold, etc.

Changes of action induced in parts from injury inflicted on the trunk of a nerve are manifested in experiments on the pneumo-gastric nerves, which nerves upon being divided, death ensues in a few hours from a lesion produced in the lungs. Bichat by dividing the nerves going to the testicles, produced inflammation in these organs. Magendie divided the fifth pair of nerves within the cranium: instant loss of sight, violent inflammation of the membranes, subsequent ulceration of the cornea, and total destruction of the eye, were the effects produced.

The causes which produce transmission of impressions are of three kinds: moral, chemical, and mechanical. The property of transmission, the author thinks, depends on two things; the chemical constitution of the nervous substance, and a peculiar arrangement of its molecules.

In CHAPTER II, entitled "Nature of the change undergone," the author advances some peculiar opinions. We will give a condensed view of them:—A *chemical* change lies at the foundation of all the impressions made on the nervous substance. The essential actions of life, which are altered, increased, or diminished by nervous transmissions, are of a chemical character. The nature of life is to be sought in nutrition. Nutrition is a process of a chemical nature.

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Disease is the perversion of nutritive action; death is the cessation of nutrition and the commencement of another kind of chemical change. Another process is seen in the living body, *secretion*; this is a chemical operation likewise.

In order, however, to communicate clear notions on the nature of the change undergone and the mode of its transmission in the nerves, the author is obliged "to review the principles of natural philosophy and chemistry;—sciences apparently irrelevant to the matter in hand, but which, in truth, are absolutely necessary to a right understanding of physiology."

CHAPTER III, entitled "Principles of Natural Philosophy and Chemistry," presents the following distinct topics of discussion:—Attraction, aggregation, chemical affinity, isomerism, and catalytic action. As the questions of isomerism and catalysis are, perhaps, not so familiar to our readers as those involved in attraction, aggregation, and chemical affinity, we will give the author's explanation of them: Isomerism, from *isos*, equal, and *meros*, part, is the term employed to designate the facts that the same elements uniting in the same ratio do not invariably produce the same compound. Thus racemic and tartaric acids are composed of carbon 4, hydrogen 2, and oxygen 5; chemical equivalents of each being 66·48: so of malic and citric acids with chemical equivalents 58·48 each, are composed of carbon 4, hydrogen 2, and oxygen 4.

"Unexpectedly," says Dr. Turner, "as was the discovery of isomerism, it is quite consistent with our theories of chemical union, insomuch as the same elements may be grouped or confined in different ways, and thereby give rise to compounds essentially distinct." By the term catalytic action, from *kataluein*, to *dissolve, destroy*, decompose: "It is intended to apply to the action of substances, which remaining unchanged themselves, yet produce by their mere presence, intestine action and various mutations among the substances they approach." Platinum foil acts as a catalytic body when it is immersed in a mixture of hydrogen and oxygen gases. The metal becomes hot and an explosion ensues, the gasses unite and water is the product. Iridium possesses the same property.

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In CHAPTER IV the author enters upon and most ingeniously speculates on the manner in which the changes wrought in the brain and spinal marrow are transmitted to various parts of the body.

Of all substances in nature, says he, perhaps the nervous is the most compound. Water, white fatty matter, red fatty matter, albumen, osmazome, phosphorus, sulphur, muriate of soda, phosphate of potassa, lime, and magnesia, have been found in cerebral matter. We have oxygen, hydrogen, carbon, nitrogen, chlorine, sulphur, phosphorus, sodium, potassium, calcium, and magnesium, in all eleven chemical elements in nervous matter. The nervous matter, besides, is molecularly mingled with the other solids—interfused into their very substance—the two coexisting like zinc and copper in a piece of brass; or it may be regarded as one of the forms or modifications of albumen which the author considers the original element of all the tissues. From various considerations the author infers "that the nervous substance is nothing more than the primitive organic matter (albumen) in chemical union with other substances; but from the peculiar nature of this union, and from the physical characters of nervous matter, it is far more susceptible of undergoing change than any other of the tissues." The rapid transmission of nervous change to distant parts is the second part of the the problem, which is thus solved:—Motion is communicated to bodies in two ways; by impulse and by attraction. Both of these principles operate in the rapid transmission of change in the nervous substance, from quick chemical action.

CHAPTER V treats of innervation. The author combats "the theory which prevails in the schools," which attempts to explain innervation by a material substance flowing from the brain to the tissues and organs of the body. But consonant to his ideas, the nervous substance undergoes chemical changes in all lesions of innervation. The effects of nutritive action are comprehended in thirteen aphorisms, "for the sake of brevity:"—1. The reciprocal action of solids and fluids produces the phenomena of life. 2. This action is chemical, and the results are nutrition and secretion. 3. Like all other species of chemical action, that of nutrition varies, according to the rela-

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tion which the solids and fluids have to each other. 4. Animal heat is eliminated by agency of oxygen, carbon, and hydrogen in the nutritive action. 5. Vitality is a mere fitness of bodies to undergo this action; it is dependent on two things; a certain chemical constitution of organic matter and certain arrangement of particles. 6. "Absorption, nutrition, and secretion, constitute the essential phenomena of vegetable life. The addition of sensation and volition constitute animal life. 7. Nutrition and secretion being results of a chemical action, must take place *extra vasis*. 8. Absorption of the nutritive fluid into the tissues precedes nutritive action." 9. The nutritive fluid penetrates between the molecules of the solids. 10. Absorption is a phenomenon "perfectly analogous to the rise of liquids in capillary tubes: to the imbibation of water by dry wood: to *endosmose* and exosmose; to the solution of salt in water, etc., etc. 11. Bodies in their attraction for each other, display different degrees of force, etc., etc. 12. Two things co-operate in the production of the rate of absorption of a fluid into a solid; the force of attraction, and the rapidity of removal of the absorbed fluid from the solid. 13. Exhalation is dependent on mechanical causes, such as attraction and pressure. Secretion is the product of a chemical change effected on the materials of the nutritive fluid.

Our author thus excogitates in reference to the states denominated adynamia, or defect of action, hyperdynamia or irritation, and ataxia or a broken down condition of the vital powers. Adynamia is characterized by a diminution of nutritive action. But "what has caused this diminution in the intensity of the nutritive process? The answer is, that the nervous matter diffused in the solids, and hence a part of them, has undergone in its chemical constitution, a change, which has rendered every tissue affected, a substance different from what it was the moment before. The particular steps of this change we know not, as they are entirely molecular, and placed, perhaps, forever beyond the reach of observation."

"What causes increase of action?" The tissues have become changed, and this change, urges the author, can only be a chemical one, and "follows from that disposition of animal substance, to take on

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isomeric changes, when the arrangement of their respective molecules are [is] interfered with. Hyperdynamia is almost always preceded by adynamia.

"The chief characteristic of ataxia is a remarkable increase in the facility, with which the tissues undergo isomeric changes. The great irregularity of the symptoms (such as the alternations of chills and fevers; the irregular distribution of heat; the inconstant fluctuating secretions; the morbid exalted sensibility, etc.,) is but the consequence and manifestation of this increased liability to isomeric changes." "In this condition the chemical constitution of the nervous substance is affected, not as an adynamia and hyperdynamia, by a mere isomeric mutation, (that is, without the additon or abstraction of foreign substance) but in a real change of the materials of which it is composed." (p. 106.)

We pass over CHAPTER X as possessing no special interest, and come to its application to pathology, which is the title of the eleventh Chapter.

"The nervous substance passes from sleep into wakefulness, as it passes from adynamia into irritation; and as irritation within certain limits passes into ataxia and thence back to health," etc.

"The true test of the value of general principles is their application to practical purposes. First principles endow the possessor with something of the spirit of prophesy. From a consideration of the circumstances involved in a hypothetical case, events may be predicted, that have never yet happened. The knowledge of isolated facts amounts to nothing, for, without first principles, the points of importance are unrevealed."

"Choosing the stomach for the purpose of illustration, let us consider the course of treatment, we are called on to pursue in cases of high fever." (p. 145.)

Nervous affections not only radiate from the stomach but are most frequently developed in that organ. The gastric sympathies are illustrated every day. In fever the mucous coat of the stomach is in a morbid condition. It is absurd therefore to purge in a high grade of fever except for the purpose of carrying off from the alimentary

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tube irritant matters. A mass of ingesta may fabricate from an alteration in their chemical constitution, vitiated fluids, which "being absorbed, act as poisons on the economy."

"This doctrine of using cathartic medicines as a means of depletion, is one of the most pernicious in medical history. I say *one* of the most pernicious, for there is another which ought to be placed on the pinnacle of absurdity." Calomel and blue mass given with a view to restore the secretions, the author avers is very detrimental in febrile diseases of high action. The liver does not require mercurials in fever, and when such remedial agents do good they "seem to do so only when the fever is subsiding or has left the patient."

The electric theory of nervous action is discussed in nine pages by the author. He concludes his examination of that theory in the summation of Pearson's arguments.

"1. The existence of electric currents in the nerves is contradicted by experiment.

2. The action of electric currents is analogous to chemical and mechanical stimuli.

3. Metals are infinitely better conductors of electricity than nerves.

4. The nerves are no better conductors than the muscles; their powers of conduction do not change when they are disorganized by mechanical violence.

5. The neurilema is incapable of isolating the most feeble electric currents which we can produce in galvanic experiments. So that if the muscle intervene, the current will pass from the nerve into it."

What is Life? A question easily put, and susceptible of ready solution according to the commonly received acceptation of the term, life. But philosophers look at things with microscopic eyes, and will not be satisfied with vulgar thoughts upon any subject, which admits of any latitude of speculation. Life, says one physiologist, is the aggregate of the phenomena which resist death. Life, says another, is a forced state, and consists in the action of stimuli on excitability producing excitement. Life, adds a third, is the result of organization. No, asserts a fourth, it consists in a series of actions which emanate

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from a vital principle. Our author thus generalizes on this perplexed and difficult subject. "The actions of life result from the inter-penetration of the solids by the nutritive fluid. Certain relations exist between the two essential to those results which characterize life as differing from other chemical actions. If these relations are destroyed, chemical actions still go on, but they differ from those of life, and they end in different results. For life is not combustion, nor fermentation, nor putrefaction, nor eremacausis, nor any other sort of chemical action but its own. It is a chemical action *sui generis*, ending in certain specific results, and differs from all other sorts of chemical action." (p. 199.)

The following position of the author is a proof that genius still aspires towards the sublime.—"There was unquestionably a time when no living being existed on the earth. From some unknown combination of circumstances that occurred in lost gealogical eras, carbon united with water, organic matter was formed from inorganic, and life commenced. As these circumstances were general, doubtless many myriads of living beings were at the same time produced. But accordingly as the circumstances varied in some particulars in different cases,—according to the action of external forces upon them—would there necessarily be some modifications of existence, and of the directions, which, the vital actions once set in motion, would assume." (p. 200.)

The idea of a *vital force* is discarded with strong expressions of disapprobation by our philosophical author. He decides in a sarcastic tone of depreciation, this is a figment—"in truth, says he, in thus referring vital phenomena to a mysterious principle of which we can form no idea, do we not act more philosophically than the Indian who refers all natural operations to the Great Spirit; or than the old woman who refers everything to the will of Providence?" (p. 201.)

But here we are reminded of our limits and must pause in the more extended analysis of the work, which we intended to give.

The extracts given will be sufficient to establish the claims of the author to some boldness, if not originality, of speculation. We can not pronounce on the entire verity of the doctrines set forth. Nor

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can we abandon our long cherished convictions on three points, although they are assailed with some plausibility, and still more confidence than even plausibility, by the author. Perhaps, unfortunately for us, we believe that equivocal generation is a dream of philosophy. We do not find that animals are, day by day, generated by "some unknown combination of circumstances"—but that all spring from a specific parentage—*omnia ex ova.*

In the next place, we can not relinquish calomel, blue mass, and cathartics upon hypothetical grounds;—being assured, after long experience, of the utility of these remedial agents,—even in fevers of a high grade of action.

And lastly, we are so superstitious as to agree with the "old woman who refers every thing to the will of Providence." We believe with the *old woman* that all-mankind are the offspring of God, and that in him we live, and move, and have our being. That He operates by fixed laws in the creation, and sustenation of all things, and that man is truly wise when he devotes his faculties to the persevering and diligent and pains-taking task of investigating the laws by which the Divine Mind regulates all things, and subordinates them to the gracious ends of His beneficent power.

The work is well written, and evinces great industry in the collection of materials for the elaboration of the peculiar doctrines advanced.

J. P. H.

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THE WESTERN LANCET.

CINCINNATI, AUGUST, 1844.

THE MEDICAL EXAMINER AND WESTERN AND SOUTHERN SCHOOLS.

We perceive that the remarks contained in a late number of the Medical Examiner, in reference to certain opinions as to the means necessary to acquire a correct knowledge of western and southern diseases, have given offence to some of our western friends; and if the proper construction has been placed upon the language employed, there is certainly just cause for complaint. The point in dispute is this: The New Orleans Medical Journal advanced the opinion, that southern and western diseases require personal observation and experience to learn their peculiarities, an opinion most certainly founded in truth. To this the Editor of the Examiner objects, and in very decided terms condemns what he conceives to be a partial and erroneous view of the subject. But the remarks deemed particularly offensive are the following, containing an allusion to the Western and Southern Schools.

"This degrading doctrine has been most industriously promulgated in the south-west for years past, and what has been the result of such enlightened teaching? Since the establishment of Medical Schools in the Valley of the Mississippi, comparatively few young men from that quarter seek instruction elsewhere, under the belief that there only can they learn the peculiar diseases of the South. What the effect has been, let our new cotemporaries, whose 'professional career has been chiefly in the South,' answer."

We are unwilling to believe that the Editor *designed* to charge western and southern schools with incompetency, although the

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language contained in the extract might justify such a construction. We, therefore, defer comments on the obnoxious passage, as we wish to afford our cotemporary an opportunity to *define his position.* The following extract from the *New Orleans Medical Journal* is a sufficient reply to the real point at issue.

"The Examiner says:—If the South has *peculiar* diseases which can only be *studied* in the South, it is equally so of the North, of the West, and of the East, of the Mountains, and of the Vallies. A man who studies his profession, ever so profoundly in one place, is totally unfit to practise it in another * * * * If this be true, what becomes of the science? Diseases must be regarded as entities, all remedies as specifics, and those who prescribe them—as empirics!

"The first part of the Professor's proposition we maintain to be strictly true—there *are* diseases peculiar to northern and southern latitudes, also to mountainous and valley regions—the degrees of longitude are, perhaps, not so strongly marked. Need we specify the typhus of the North; the yellow and congestive fevers of the South; the pneumonias of mountain regions, and the intermittents, dysenteries, dropseys, etc., of low localities. We appeal to every candid physician who has received his education in one region, and settled himself to practice his profession in another totally different, to say, whether he did not have to become familiar with the *peculiarities* of the prevalent diseases, such peculiarities as he had never been able to learn from books or lectures, before he could manage them successfully. We readily admit that the well educated physician, thoroughly acquainted with the structure of the human frame, and versed in the principles of medicine, as far as they are established, has a decided advantage over the ignorant quack, and can sooner and better learn to treat the diseases of any clime or region in which he may be cast—but we dissent entirely from the conclusions to which the Professor has arrived from his foregoing premises. It is precisely because diseases are *not all entities*, and do not preserve the same features, wherever met with; and that remedies are *not all specifics*, or uniform and invariable in their effects, that it becomes necessary to *study* them where they prevail.

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"If Professor Huston will visit New Orleans in September, we will show him cases of yellow fever, *in a certain stage*, which, from the symptoms and appearance of the patient, he shall feel authorised to pronounce convalescent, but in which death will be inevitable within twenty-four hours—and also, cases of malignant intermittents, during the calm between the paroxysms, which he shall scarcely think worthy of professional attendance, the subjects walking about and complaining of nothing; yet, without the use of the most prompt and vigorous treatment, they will die during the very next chill. We might easily mention other instances of like import. The Professor says, 'if this be true, what becomes of the science?' We would ask in reply—in cases like these, of what avail is medical science to the uninitiated physician?

"We would say, let the student of medicine be thoroughly grounded in the elements and principles of the profession; and these he may learn better at *some places*, than at others; but if he designs settling himself in any particular region, characterized by *peculiar diseases*, we certainly think he should devote special attention to the study of those diseases; and *this information* he may, perhaps, acquire better at *some places* than at others."

ILLUSTRATIONS OF PATHOLOGICAL ANATOMY.—We have in course of preparation a series of splendid oil paintings designed to illustrate the most important points in pathological anatomy. They will be sufficiently large to be advantageously seen from every part of the largest lecture rooms.

It has been supposed by some, that pathological anatomy can be taught only in hospitals, where, it is presumed, the post mortem examinations will supply the necessary illustrations. A little reflection, however, will show us that this conclusion is more specious than real. Few if any hospitals, especially in this country, can furnish a sufficient variety of morbid specimens, in the course of a single lecture term, to illustrate, to any considerable extent, this department; and the impossibility of *each* student examining personally, in a crowded hospital, with that minuteness and care indispensably necessary to

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comprehend the essential morbid changes, to say nothing of the want of *variety* of specimens, renders it expedient to resort to other means for instruction. Large and accurately colored paintings, models and prepared specimens constitute, therefore, the most available means of illustrating this branch to a large class. Models and preparations give the *form*, and the *color* can be accurately represented by paintings, while the lecturer explains the process by which it has been produced. This is the only practicable course that can be adopted to acquire an elementary knowledge of this subject; after which every opportunity should be embraced to gain practical information, especially concerning the diseases common to particular localities, which can *then* easily be accomplished, as the principles of the science have been well grounded in the mind by the vivid illustrations already presented.

NEW PUBLICATIONS.—We have the pleasure of noticing several new books which will make their appearance in this city in the course of the ensuing autumn.

A Treatise on Diseases of the Skin; By N. WORCESTER, M. D., Professor of General Pathology and Physical Diagnosis in the Cleveland Medical College. It is to consist of about 250 pages, and the diseases will be illustrated with eight colored plates.

The Medical Gazette, a monthly journal of Medical Science, edited by N. WORCESTER, M. D., etc., appears in October next.

A Treatise on Materia Medica; By JOHN P. HARRISON, M. D., Professor of Materia Medica in the Medical College of Ohio. This work is now in press, and will be completed in one volume of about 400 pages. It is understood that a *second* volume, to complete a system, will be published at some subsequent period.

A Manual of Examinations for Students; By GEORGE MENDENHALL, M. D. This work will consist of about 400 pages of closely printed matter, embracing examinations on all the branches of Medical Science. It will be completed by the opening of the Courses in the different medical schools.

Hope's Pathological Anatomy: First American Edition; edited by L. M. LAWSON, M. D. This work is illustrated with forty-eight

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colored plates, accurately copied from the original. It will be completed before the first of November next. For the purpose of transmitting it by mail, it will be issued in four parts, which can be safely forwarded to any part of the country. Part I. now ready.

Fall Lectures.—The Cincinnati Summer School of Medicine will resume its operations on the first of September. Dr. Charles Woodward has been elected to the chair of Theory and Practice, which was made vacant by the resignation of Dr. Lawson. Professor Locke will give an experimental course in Chemistry during the term, and recapitulate the principal topics.

The Fall Lectures in Transylvania University will commence on the first of October, and continue up to the commencement of the regular term. The regular session of four months, the period adopted in all our schools, has been felt to be too short to do full justice to the multifarious subjects embraced in the curriculum of medical science; and hence the meritorious plan has been adopted of extending the course by delivering preliminary lectures during the month of October. These Lectures will embrace, among other important branches, a preliminary course of Anatomy and Chemistry; and in addition to lectures by members of the faculty, Dr. B. Rush Mitchell will deliver a course on the diseases of children. Notwithstanding this preliminary course will not interfere with the regular term, still it will be highly advantageous to pupils to embrace the opportunity of extending their studies. The course will embrace much important matter, and is gratuitous to those who choose to attend. The dissecting rooms will also be opened in October, which will be an additional inducement for pupils to attend during that month, as time cannot be so well spared for dissections when all the lectures are in progress.

Smith and Horner's Anatomical Atlas.—The third number of this splendid work having been delayed beyond the usual period, some conjectured that it had been abandoned; but we are assured by the publishers, whose integrity is a sufficient guaranty for the faithful performance of all their undertakings, that it will be completed as speedily as possible. The plates are tedious and expensive and necessarily require time for their completion.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, SEPTEMBER, 1844. No. 5.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Report of the Diseases which appeared in the Cincinnati Orphan Asylum, during the years* 1842–3. By THOMAS CARROLL, M. D.

MY first attendance at the Cincinnati Orphan Asylum took place early in February 1842; since which time I have, with a few exceptions, visited it at least once a day, and sometimes oftener.

At the time of my appointment, nearly all the inmates were laboring under some form of cutaneous disease; this was owing in a great measure to the bad health of the physician who preceded me, as it was not in his power for weeks to pay any attention to the establishment. I shall now defer saying anything on the nature and treatment of these affections; but will in my second report give the subject due consideration.

Before entering upon the nature and treatment of the diseases which occurred during the above years, I will state the method persued in managing the establishment, and of the nature of the accommodations.

The location of the Asylum is in the northern part of the City, near the angle which the Miami canal makes, and within it. Its distance from the Canal is some one or two hundred feet. The house is four stories high, and contains 19 or 20 rooms, most of them of a large size, and every way comfortable, with the mere exception of ventilators.

All the inmates under four years of age are kept under the care

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of a nurse, whose constant vigilance is directed to their wants and comforts. As exposure to the open air is of value for the preservation, as well as recovery of their healths when bad, they are exposed to it, and take exercise on all suitable occasions. All over 4 years of age have other apartments alotted them; and they attend school 5 days each week. They are provided with comfortable clothing, which is changed, for those over 4 years of age once a week, or oftener if necessary; and that of the sick as often as the physician may direct; some articles are changed twice a week; and the clothing of all under four years, is changed at least this often, or oftener, owing to circumstances.

All the older children are washed with suds, at least once a week; the younger ones more frequently. The healthy inmates are washed in one class, and the unhealthy are divided as directed by the physician, and in medicated washes if directed. Infants are not subjected to any particular rule, as to washing, further than it shall be done at least once a day; their clothing is changed about as frequently.

The beds are of straw, which is changed twice a year; and the dormitories are large and airy apartments with venetian blinds to the windows, which are kept open through the day and are partially or altogether closed during the night. The amount of ventilation is regulated according to the weather. A dormitory adjoining the nursery is kept especially for its inmates; this dormitory is kept open through the day, and, when necessary, is heated and closed during the night. This arrangement allows of the free ventilation of the nursery throughout the night, and in the morning it is made comfortable before the children are admitted; by this arrangement the air of each apartment is renovated every twenty-four hours.

The following fare is given:—Those over four years of age take for breakfast bread and milk, or coffee, with molasses. For dinner, bread with boiled beaf or mutton, with soup; or sometimes roast beef or beef-steak without soup; potatoes always given, frequently turnips, sometimes cabbage, parsnips, or carrots. At these meals very little other variety is admitted. They sup on mush and

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milk, bread and milk, or mush and molasses. Baked apples are admitted for dinner and supper, and raw apples are occasionally given. The inmates of the nursery are fed on bread and milk three times a day, and have intermediate allowances of bread, crackers, milk, etc. Those on the sick list are fed as directed by the physician.

All the departments occupied are swept every day, and washed once a week, and every room is ventilated daily.

When the weather will admit, the children take daily exercise.

On the 1st of March, 1842, there were but 40 children in the establishment, since which time they have been increasing in a general point of view, so that on the 1st of January, 1844, the number was 86. During 1842 there were 83 admissions, and in 1843 there were 103.

But 12 deaths occurred during these two years, and all of these were of children under four years of age. In 1842 there were 4 deaths; one of these took place in a child about four years old, who had chronic diarrhœa, when admitted, more than two years before, and who had also extensive disease of the right ear, which was the direct cause of death. This case is reported in the Lancet of this city. Another of 14 months old died of inflammation of the brain from repressed eruption. One was admitted when laboring under inflammation of the brain, and succumbed within a few days. The fourth was admitted when laboring under diarrhœa, and had an accession of whooping cough, which aided in hastening the fatal termination.

During 1843 there was no fatal case until the 20th of June. This took place in a child that had been left at the door of the Asylum a short time before, and was very feeble and unhealthy. One died on the 15th and another on the 27th of July; the latter was brought in sick. In August there were three fatal cases: one of these died of disease existing at the time of admission. In October 2 cases proved fatal.

In March 1842 all the children were laboring under catarrhal ophthalmia, or that peculiar kind of inflamed eye which is so frequently met with in orphan asylums. That this disease is contagious there seems to be but little doubt. Could farther testimony be

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necessary than that already before the profession, I could observe, that this disease has several times spread in the house immediately after the admission of a child laboring under the affection.

When I first began the treatment of the disease in question in the establishment, I followed pretty closely the method laid down by Mackenzie, but experience taught me to soon take a course only recommended by him in the advanced stages of the disease: I began by using a collyrium composed of argen. nitr., gr. ij, aqua dis. ʒj. This solution was applied several times a day; I, however, soon doubled the amount of the nitrate, which rendered the collyrium more effective. An occasional purgative was given, and insensible doses of antimonial wine were directed three times a day. By this method I succeeded in a few weeks in mostly eradicating the disease. I found, however, that when the children not affected, or who had, or were recovering, washed in the same water, or used the same basin, all my efforts to produce a cure proved abortive: I therefore had arrangements made, that those affected should be washed in classes, and that each should use fresh water. Those who had not the disease used neither the same basins nor towels. By these means the disease soon disappeared, with the exception of those laboring under granulation of the lids. With regard to the treatment of this form of the disease I find in the able work of Mackenzie the following observations: "The inside of the lid ought to be daily inspected. If there is any tendency to a rough and sarcomitous state of the conjunctiva, it ought to be alternately scarified or leeched, and touched with the solid sulphate of copper or nitrate of silver, as I shall explain more particularly under the head of granular conjunctiva." Indeed, in the granular state of the conjunctival tunic, the application of one of these remedies is almost indispensable; but to avoid all the trouble and multifarious applications, that have been had recourse to in this disease anterior to those conditions of the mucous surfaces of the eye, all that is necessary, is to begin the treatment at the onset with the solid sulphate of copper, when it will be found, that a very few applications will be sufficient; about one every third day will be, in the general, enough, and in recent cases once or twice will effect a cure. I have often found a single application sufficient.

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Since its first eradication the ophthalmia has reappeared several times, and I believe mostly in consequenee of the admission of one or more children laboring under it, at the time of their admission. In August 1843 it broke out, and within two weeks 28 cases either had or were existing. All of these patients were cured by the sulphate of copper. The application to the under lid alone, will often effect a cure: but it is sometimes important to turn up the superior lid and apply the sulphate over its surface, or a finely polished piece may be slipped under the lid without its being turned up. If the mucous surfaces have a mottled appearance or be granulated, every part should be touched, and retouched every few days until a uniform appearance takes place. In the purulent ophthalmia of infants, I am induced, from the result of a single case, to believe that the sulphate of copper will be found a remedy of much value. In this case, although it was nearly impossible to open the lids so that the eyes could be seen, I was enabled to slip a thinly polished piece of the sulphate under the upper and also along the mucous surface of the under lids. On the following day after the operation the swelling had much subsided, and by one or two applications more the tumefaction nearly disappeared, and a rapid recovery was the consequence.

The pertussis appeared once during 1842, and once in '43. It appeared in a newly admitted child, on the 20th of April, '42, and by the 31st, nearly all the inmates had the disease. In March, '43, it again appeared, there were however but two cases in that month. But one child died with the disease, during '42. It came in with diarrhœa, and was so feeble that I had but little fear of its becoming affected by the disease; it, however, was subjected to it, and sunk in a short time from the combined influence of both diseases. In '43, another child succumbed from the same causes; and a few others were enfeebled so much, that the after diseases of the season had a much more serious effect on them, than they otherwise would have had.

This affection was treated by emetics, and occasional purgatives, and laxatives. When the cough was harassing, broken doses of anti-

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monials were given. Small doses of calomel were occasionally directed for the purpose of correcting the abdominal secretions. If the breathing was difficult, or if soreness of the chest, with, or without pain, was apprehended, blisters were used; and still more frequently in these cases, warm poultices were directed over the chest. These applications had a happy effect in a number of cases. One case of pertussis that took place in '43, was so interesting in its character, that I will describe it in this place.

Eliza Adams aged two and a half years, was born of a consumtive mother. She was taken in April with hooping cough; and soon evinced more unfavorable symptoms than usual. On the 20th of May, she began to throw up large quantities of purulent matter accompanied with severe cough, oppression, difficulty of breathing, and pain in the chest. The patient rapidly emaciated and for some time sunk in appearance beyond the possibility of recovery. At the outset the treatment differed but little from that to which the other cases had been subjected, but when the formidable symptoms above noticed supervened, a blister was directed over the anterior part of the chest, with much relief to the patient; warm poultices had been used anteriorly with advantage. After the cough and expectoration had some what declined, a fourth of a grain of sul. quinine was given three times a day, which seemed to be of much use. Antimonials in moderate doses were prescribed throughout the severer periods of the disease. This child recovered, though more than four months elapsed before she was in a completely convalescent condition.

Under common circumstances, it would be unnecessary to do more than mention, that so slight a disease as mumps had appeared, but as this affection shewed itself at a period when a number of the inmates were recovering from hooping cough; and also when several were laboring under diarrhœa, it seems proper to notice it with more care. 52 cases occurred within a short time; 44 of these appeared in June, and in July. No treatment further than mild diet, and abstraction from atmospherical vicissitudes was required. All did well, of course, there were no cases of recession. Still the diseases added to the debility of several who were already feeble from the effects of the pertussis.

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The varicella appeared both in 1842 and '43. No treatment was directed in any case—all did well. It first took place on the 25th June, 1842; and again in January, '43.

The inflammatory diseases to which the inmates were subjected, were confined to a few pleuritic cases; a few of inflammation of the brain, with one or two cases of croup; a very few of general inflammatory fever, and but one of rheumatism.

One or two bloedings with mild purgatives, antimonials, and occasional blisters, or warm poultices constituted most that was necessary. No fatal case occurred but in those of inflammation of the brain or its membranes. I presume the reason I had so little trouble in the management of these affections, is because I had always the opportunity of beginning the treatment within a few hours of the attack.

We now come to the consideration of those diseases which the *profession* have agreed, grow out of the deliterious influences of malaria in some form. We might readily admit, that malarious diseases would frequently supervene in the Asylum from the consideration of its location, which indeed is sometimes the case. During the period under consideration the remitting fevers, as well as those distinctly intermitting occasionally appeared. They were less frequent, however, during 1842 than in '43, owing partly to the greater number of children in the house, during the latter, than the former year. At the close of May, '42 there were four cases of intermitting fever among the larger children,—they were cured with but little difficulty. During June several cases of mild remittents occurred, that yielded to purgatives almost without other means. On the 27th July '43 there were 11 on the sick list, a majority of whom had diarrhœa: and on the 31st there were 20 cases, 12 of which were of remitting fever. The treatment in the latter cases, consisted of emetics, purgatives, and the warm shower, occasionally, etc.: they all recovered

Only a few mild cases of dysentery appeared during these years, which were easily managed, unless in two or three instances complicated with diarrhœa. In one or two, prolapsus ani occurred, which presented the usual difficulties of that disease: other cases of it have

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been occasionally brought in, that have proved both tedious and difficult to manage. Of the treatment of this disease I shall now say nothing, but hope at some future time to make some observations on its treatment.

The cholera infantum and diarrhœa are so closely allied that I shall consider them under the same head. Their severity is most felt in cities: indeed it is said by a distinguished author that in twelve years practice in the country he had not observed more than one or two cases of cholera infantum, though it is admitted that diarrhœa may occur. My own experience in a country practice which extended through a space of more than twenty years, taught me a very different lesson in this matter. I think the number of cases of cholera infantum compared with those of diarrhœa which take place in the country are even equal, if not greater, than the proportion which I have observed in the city. On this subject many writers evince a singular ignorance on the prevalence of these diseases out of cities, or large towns.

But few instances of cholera infantum appeared in the Asylum in '42 and '43. It is indeed sometimes difficult to distinguish between this disease and diarrhœa, as it sometimes glides into it, almost imperceptably. Diarrhœa, sometimes, after beginning its course with temperate severity, unexpectedly changes its aspect, and puts on that of cholera infantum. Probably a want of the power of accurate observation has led men to these conclusions.

During 1842, the instances of these diseases that occurred were very manageable, this, however, was not the case in, '43, as they assumed a much more formidable aspect. Some patients during this year succumbed, not directly from diarrhœa but from associated diseases.

The months of June, July, August, and September of '43 were unusually warm, whilst the same months of the preceding year were under the usual standard. The mean temperature of these months of the latter year were, in June 70·40—July 73·79—August 70·33 September 69·35; the minimum was 38 deg.—50—53—and 48 deg.; whilst the maximum was 97 deg.—98 deg.—92 deg., and 92 deg. The maximum in May was 93 deg.

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The hooping cough, as has been said, appeared in March, and was rife during April; and its effects were felt still longer. The mumps also breaking out about the 15th of May, and continuing to appear until nearly the close of July, in which time 52 children were pervaded by them, and what was to me singular, the feeble and sickly seemed equally obnoxious to them. The inmates laboring under the chronic diarrhœa were much weakened by these diseases; seemed to lead to a fatal termination in a few. Many days transpired during July and August, that the children, particularly, under four years of age, were extremely exhausted by the season or heat of the weather; and at the close of the former month, nearly one-third were on the sick list. From my first appointment I adopted a course of treatment in cholera infantum and diarrhœa, which former experience had dictated, yet further observation has caused me to alter some of my opinions.

Near the commencement of my professional career, a field of observation opened to my view in Indiana, with regard to the influence which malaria had in producing the bowel affections of children, as well as of adults. It was not uncommon at that period, in 1820—'21, and '22, to observe dysentery and diarrhœa existing in conjunction with intermitting or remitting fevers, and that at a very early age. Soon after I settled in an elevated part of Ohio, on account of my own health, and there I found less remission attending the summer complaints of children, and often a more rapid termination in death, though the cases were less numerous. In the former locality I had on different occasions given barks and wine for the purpose of stopping the paroxysms of fever with the happiest effects, whilst in the latter situation such prescriptions were inadmissible. I believe, that part of Indiana, at the present, shows but little of its former character as to intermitting and remitting fevers.

After my settlement at Cincinnati, I thought I discovered some of the same attributes belonging to the bowel complaints of children that I had in Indiana, many years before. From what I have observed in the Mississippi valley, through the space of nearly a quarter of a century, I have but little doubt that marsh miasmata has much to do with the

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production of the summer diseases of children, comprehending the cholera infantum, diarrhœa, etc. The infantile remittents of authors seem to depend upon different causes from marsh miasmata.

Many, probably justly think, that teething produces much difficulty attendant on the health of children during the two first years of their lives; I however believe it is but one link in the great chain of causes that produce disease at this period. It should be considered, that children are weaned during this period, and that their stomachs necessarily undergo much change of action to enable them to digest the various substances, often of an improper kind, which are thrown into them. These alterations must of course, frequently produce abnormal conditions of the alimentary tract, which again must be reflected on the general system, and this lead to varied, or complicated disease. The opinions of Dr. Cheyne with regard to the deliterious influences of teething, seems to me to be founded in true philosophy. It, indeed, seems shallow to attribute so much to a process through which all children must pass, and which seems to be associated with not a few others still more difficult.

Occasional losses were sustained from these diseases. One or two of which should probably be referred to infantile remitting fever, which will be observed upon in another place. A majority of these were brought into the house laboring under the affection.

It was, during the time under consideration, common for one-half of all admitted to be laboring under some disease either of a chronic, or acute character. This state of things can probably never be avoided, as those obtaining admissions carefully conceal the maladies of orphans under their care. Humanity often calls aloud for assistance. Under these circumstances female managers will never turn a deaf ear to the wailings of the unfortunate orphan.

In the treatment of cholera infantum and diarrhœa, a course but little varied has been pursued. Former experience had admonished me, that but a few articles of the Materia Medica were of much use in these diseases. I therefore have relied on these few with the exception of occasionally stepping aside to try a remedy, of which I had no direct experience.

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In the few cases of purely unmixed cholera infantum, which have appeared, the following course has been directed:—One grain of calomel or sometimes but half this amount has been directed every hour or two, according to the severity of the symptoms and the age of the patient, until the color of the evacuations has changed, or until bile has been thrown from the stomach. The calomel, however, has been generally combined with small doses of Dover's powder, or with opium, or morphia; the latter I think better, particularly when combined with ipecacuanha, than either of the others. The tenth of a grain of opium has been considered enough, and generally one half that amount, for a dose. The other anodynes in the same proportion have been given. Calomel in some cases seemed to do better alone than in any other way. To this course, which of itself, seems to be the sheet anchor, warm bath has always been directed, and during the recess from the bath anodyne, and irritating poultice to the abdomen have been used, with marked advantage. After the existence of the disease for twenty-four hours with unabated and large and watery dejections, it has been common to direct one-fourth grain of sugar of lead every two or four hours, given either in combination with the other medicine, or in solution; the latter method has mostly been pursued. This prescription has had much influence in checking the evacuations, and that within twenty-four or forty-eight hours. I presume my readers will think the dose of the lead too small, indeed I fear myself that I have been too fearful of this medicine. Dry cups and frictions, with flannel next the skin have been used—the dry cups not frequently enough I fear, because I feel satisfied, that they should stand foremost among external applications. Blisters have also been used in these cases with advantage. In the onset of these diseases we sometimes find watery, and rice colored evacuations, almost without vomiting. In cases of this kind I have pursued the same course as though every symptom of cholera infantum had been present, because many constitutions seem almost incapable of retrograde action of the stomach, yet diarrhœa may carry them down rapidly. After the disease had run twenty-four hours it was common to substitute Dover's powder for opium in the dose of one-half to three-fourths and one grain every four or six hours—owing to the age and constitution of the patient, and the probable tendency to head affection.

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Of the danger of inflammation of the brain or its membranes, from the use of calomel and opium is, in my opinion, not very great, unless the amount of opium be considerable, or enough to produce profound sleep. The danger is much diminished, however, by the addititon of ipecacuanha, as this addition throws the circulation more directly upon the capillary tissues. After the diarrhœa has continued for some days, I have commonly added four grains of prepared chalk to each dose of calomel and opium or calomel and Dover's powder. A very usual prescription has been the following:—

℞ Pul. Doveri, grs. xij;
Hydrarg. submu., grs. vj; [to xij powders.
Creta præ., ℈ij. Mix, and make in-

For children of two years old one has been directed two or three times a day, and in mild cases one only every night. Half this amount or even less has been given in cases of infants. Lead has been favorably spoken of in the acute stages of these diseases, it may with equal propriety be recommended where they have become chronic. It has been my custom, however, to intermit its use every few days to avoid the danger of its pernicious effects. Experience has taught me, that this medicine will sometimes, when given in large doses, have a deliterious influence, even when there could have been no combination of the carbonate with the acetate. This I think is sometimes evinced by sickness and occasional vomiting. That sugar of lead is superior to all other astringents I have no doubt: indeed the whole catalogue of vegetable astringents, seems to me, to be dangerous in its character. Although Dr. Eberle says not a little in favor of these remedies in the diarrhœas of children, yet when treating of this disease as existing in connection with teething, he informs us that he had had a patient with diarrhœa; and that he found the usual means fail, which induced him to direct a decoction of the geranium maculatum in milk; ten hours after, the diarrhœa suddenly stopped and a violent convulsion occurred, which terminated in a comatose condition, that was followed by another convulsion which ended in death. This result not unfrequently occurs in cases where teething is no part of the disease. The peculiar influence which lead has on the nervous system, seems to prevent this kind of result, which properly makes it so invaluable a remedy in the treatment of bowel affections.

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ART. 2.—[*Cod-Liver Oil* has gained considerable reputation for the cure of various forms of hitherto intractable diseases, more especially tubercular affection of the lungs. The employment of this agent is entirely empirical, as its *modus operandi* has not been explained by any of its advocates, nor have the diseased states been particularly designated to which it is applicable; it occupies a sort of independent position—a *reserve du corps*—to be used as exigencies may demand, though sometimes taking the *lead* in the action, but always operating in accordance with some unknown, mysterious law. We notice two points in the history of this article, which we cannot but regard as ominous of its ultimate failure: the first is, a rapid multiplication of diseases to which the remedy is applicable; and secondly, that it usually, perhaps *always*, only *mitigates*, and rarely if ever *cures*. The time is probably not far distant when this vaunted remedy, like its compeer *naphtha*, will be known only as an exploded deception.

ED. LANCET.]

Cod's Liver Oil in Strumous Diseases.—By W. O. CHALK, Esq. It would seem, says Mr. Chalk, that ol. jecoris aselli is an active therapeutic agent in strumous, rheumatic, and some skin diseases; and that its revival as a remedy is likely to prove of great service. It cannot be considered as a merely dietetic agent. It possesses considerable power in allaying the diseases of the joints, especially strumous and rheumatic, and that with a rapidity unequalled by most other medicines. Tubercular depositions are absorbed under its influence. Even in the lungs it appears to have the power of arresting, or at least of modifying, the deposit. Scrofulous diseases of the bones are relieved by it. Faulty secretions are quickly changed to healthy, especially the hepatic. Some experiments were made on patients where no local affection existed, with a view to ascertain its effects on the biliary organs. Its success, in several instances, was complete, in changing the varied and clay-colored motions of scrofulous habits to a healthy condition. With children the exhibition of the oil was commonly followed by relaxation of the bowels; with adults it frequently produced constipation. One of the most remarkable properties is its power of inducing *embonpoint*, and of restoring a healthy hue to the

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countenance. The number of patients treated with ol. j. a. amounted to between 80 and 100, of whom a large majority obtained decided relief. A great deal of difficulty was at first experienced in the administering of a remedy so disgusting and nauseous: nothing, I believe, could have induced many to take it but the opportunity they had of observing its good effect on others.

Since my return to town, I have endeavored to obtain a purer oil, for, however useful as a medicine, it would be impossible to bring it into general use unless deprived of its impurities. After examining several specimens, I have found that prepared by Mr. Wright, of 54A, Gloucester Place, Portman Square, to be the best, and its qualities unimpaired by the process employed for its purification. He states, as the result of his experiments, that he has obtained oils of various qualities, some of them quite inert. The liver of the milter cod yields the strongest oil, and darker in color than that of the spawner. The two specimens now by me are exceedingly pure, nearly inodorous, and of a crystalline clearness. One is of a brown color (the milter), the other of a light yellow (the spawner); the specific gravity of the former is ·921–5, temp. 64; that of the latter ·919, temp. 64. The quality of the oil is considerably impaired when a high temperature is employed in the manipulation. The object in giving publicity to these cases, is not to speak of the cures performed by ol. jecoris aselli, for they will be found comparatively few; but to call the attention of others to the fact that it does yield relief to a class of patients whose diseases too often baffle the attempts of the most enligtened practitioners, and to induce them, when opportunity offers, to test its virtues for themselves.

The dose was generally half an ounce three times a day, continued for weeks and even months together.—[Braith. Ret., from Medical Gazette, Dec. 29, 1843, p. 414.

ART. 3.—*Effects of Starvation on the size of the Heart.*—[In Dr. Chossat's experiments on the effects of inanition, he has arrived at some important conclusions which may be useful in our treatment of enlargement of the heart.]

Having ascertained that all animals killed by starvation lost four-

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tenths of their weight, four-tenths of the natural substance of their bodies, it became a matter of importance to ascertain what organs of the body had been chiefly attacked to supply this loss. M. Chossat enters into long details on this point, comparing the weight of the different organs with those of the healthy animal, and thus arriving at an approximate conclusion. The fat, as might have been expected, first disappears, but as this is not one of the essential organs of the body, no attention need be paid to this. It is the muscular system which bears almost the whole loss. The heart is liable to be rapidly attacked, and conversely, experiences under the effect of abstinence, a very great loss of weight. Its state might always be judged of from that of the muscles, and their state might be judged of from the appearance of the heart.

These researches of M. Chossat, prove that this softened state of the muscular system, far from depending on an inflammatory state, as is generally supposed at the present day, results, as he has so beautifully shown, from the agencies of life having attacked it, to supply the want of fuel to the respiratory function. These observations of M. Chossat also throw light on a fact never hitherto explained. In the process of training animals it has been a constant remark, that the treatment to which they are subjected causes a marked enlargement of the muscular structure of the heart. Now, if M. Chossat's experiments prove that when an animal is starved, the muscular structures of the body are those which chiefly conduce to supply the wastes of the system, and that the condition of the external muscles indicates that of the heart, we are warranted to conclude, that the condition of the muscular structure of the heart will increase with that of the muscles under training, and the one observation serves to illustrate and explain the other. Another important pathological appearance which it is necessary to notice, was, that the nervous system appeared to have lost none of its original volume or weight, though every other organ of the body was reduced both in volume and weight.—[Braith. Ret. from Edin. Med. and Sur. Jour., Jan., 1844, p. 159.

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ART. 4.—*Cochineal in Hooping Cough.*—Dr. Cajetan Wachtl, of Vienna, treated nine children, suffering from this disease, with cochineal, as recommended by certain English physicians. The remedy was administered in all stages of the disease; and its efficacy was so instantaneous and constant, that, notwithstanding the paucity of cases, Dr. Wachtl feels authorized to regard cochineal as a specific in hooping cough. The following is his manner of exhibiting the remedy:—Take of cochineal one scruple; sugar, one ounce.—Dissolve in six ounces of warm water. The dose is three tea-spoonsful in the 24 hours. The solution ought not to be kept longer than 36 or 48 hours, because after that time it assumes a brown hue, and a sour taste which renders it unfit for use.—[Braith. Ret., from Pharmaceutical Journal, from Medical Gazette, Jan. 26, 1844, p. 560.

[This formula is objected to by Dr. Allnat, inasmuch as the solution becomes acid in a few hours and unfit for use. He has employed the same remedy for twenty years in hooping cough with success. He say says]:

A peculiar acid is generated in the system by the disorder which may be detected in the excretions from the stomach, and which in my opinion, is the exciting cause of the spasmodic action of the glottis, producing the "whoop." It is obviously desirable, therefore, to neutralize this acrid condition of the first passages, in order to obtain the full advantage of the antispasmodic and anodyne properties of the cochineal; and for this purpose the *alkaline solution* is invaluable. It is of a deep purple or violet hue, will keep a long time without change, and the active powers of the cochineal are not impaired by the combination. The following is the form:—

Take of Carbonate of Potassa, a drachm; Cochineal, a scruple; boiling water eight ounces. The dose is a tea-spoonful three times a day.—[Braith. Ret., from Pharma. Jour., March, 1, 1844, p. 456.

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SURGERY AND OPHTHALMOLOGY.

ART. 5.—*On a case of Fungous Tumor of the Tibia.* By PROFESSOR ROUX.—M., ætat 30, carter, lymphatic temperament, entered my wards at the Hotel Dieu, on account of a tumor, situated on the outer side of the left knee, which commenced about eighteen months ago: he mentioned that it was produced by an effort he had made to raise a heavy weight, and was preceded by a noise, as if something had burst in the part, and had since then increased in size. It is now about as large as an adult fist; occupies the superior and external portion of the tibia, about four finger's breadth from the patella; hard, elastic; not easily depressed; the seat of pulsations, which disappear when pressure is exercised on the femoral artery, and which are isochronous with the throbbing of the heart; skin covering it is distended, shining, and offering a few vessels which appear more voluminous than usual; leg swollen to about two inches below the tumor; femoro-tibial articulation sound; its movements in the normal condition; condyles of the tibia seemed to be free from disease, this being limited to the external portion of the part which supports the head of the bone, and which may be called the neck; deep seated pains radiating over the whole leg; general health good. On due consideration, I became convinced, that the only chance of cure was the ligature of the femoral artery, though this, perhaps, will not prevent its re-appearance at some future period. I am well aware of the danger attendant on the operation; but that which may result from the disorder, namely, aneurismal tumor of the tibia, is still greater, and therefore justifies my performing it: the more so, as the capillary vessels surrounding the tumor are considerably dilated and aneurismal, and as death will inevitably follow if nothing is done. The danger to which the ligature of the femoral artery in this affection gives rise, is produced by peculiar causes: Thus, when the crural artery is tied for ordinary aneurism, the collateral vessels are somewhat dilated, in order to keep up the circulation, interrupted by the diminution or obliteration of the principal artery. It therefore follows that the ligature then performed has greater chances of success;

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whereas, in a tumor such as the present, the circulation not having been interrupted, the collateral branches retain their normal size, and replace with difficulty the principal artery when tied. Such unfortunately is the position in which the patient is placed; on the other hand, a tumor affecting the osseous system re-appears with greater difficulty when once stopped, than when it is in the artery itself: this, however, may happen. The tumor here appears to be benign, without any complication; it is possible, however, that the bone is more or less affected: for these species of fungous tumors are often accompanied with other lesions of the osseous tissues, which are so various, and so little known, that it is sometimes impossible to form a precise diagnosis. I have repeatedly seen cases of these diseases, without being able to form a positive opinion as to the exact nature of some of them; consequently, it may happen, that the operation is performed under the impression of the disease being benign, whereas, after some time, a relapse takes place, followed by death. The following fact is, among the numerous others which I could quote, a proof how fallacious these cures are: a patient, affected with a fungous tumor of the inferior portion of the humerus, consulted me; the swelling appeared to be quite local, and, the general health being good, I tied the brachial artery superiorly; for some time, I entertained hopes of a complete cure; unfortunately, the disease, after remaining some time stationary, began to increase again, so much so, as to necessitate amputation, and the patient died soon after. It may, therefore, happen, that the operation I am about to perform will not prevent the patient undergoing amputation of the thigh; indeed this last even at the present moment, would, perhaps, be the most certain means for obtaining a radical cure; but who would propose so serious an operation for such a disease? No one; it is, therefore, more rational to commence by tying the vessel, and should it become necessary to amputate at a future period, then to do so. But could not any topical remedies be employed in order to obtain its resolution? In some cases this may be tried; but in the present, it would be dangerous, on account of the numerous large vessels and nerves in the neighborhood. After hesitating some days, the patient at length

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consented, and I performed the operation, as recommended by Scarpa, by tying the artery in the middle of the thigh (an operation which I consider preferable to all others in such cases.) Two ligatures were applied, and the pulsations of the tumor ceased instantly; the wound was then united superiorly, and kept open inferiorly by a pledget of lint. No consecutive accident occurred; the ligatures fell on the 34th day; the general health remained good; the tumor at first decreased gradually in size, and afterwards remained stationary; the cicatrization was complete in about two months and a half; and three months and a half after the operation, the patient left the hospital; at this period, though the tumor still exists, I think it is caused by the increased size of the bone, and, therefore, may not relapse; such, however, I will not assert will be the result.—[Medical Times.

Art. 6.—*Calomel as a Remedy in Diseases of the Eye.*—On the recommendation of Dr. Major, of Lausanne, Dr. Fricke frequently employs calomel, in the form of powder, with surprising success, where other remedies have failed to produce any effect. The diseases in which he uses it are chiefly: scrophulous, rheumatic, and catarrhal ophthalmia, particularly when combined with great structural alteration of the conjunctiva and iris, or with effusion into the anterior chamber, and deposition on the cornea. Violent inflammation arose from its use in but two patients, who had formerly taken iodide of potassium for some syphilitic affection. The calomel turned of a yellowish green color in these cases, and this led Dr. Fricke to believe that the iodide of potassium, contained in the lachrymal secretion, combined with the murcury, so as to form a violent stimulant. The author used calomel in all the cases recommended by Dr. Fricke, and never observed any other than good effects. He generally blows the powder into the eye, by means of a quill, and considers this method less irritating to the organ than the usual manner. He generally takes equal parts of colomel and fine sugar. As to the question, whether its action is mechanical or dynamic—we must certainly decide in favor of the latter; otherwise, every indifferent powder would have the same effect.—[Dr. Neuber: Med. Times Nasse from Schmidt's Jahrbucher.

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ART. 7.—*On the Use of Hyoscyamine for Dilating the Pupil.*—Many remedies of this kind have disagreeable secondary effects, and many are very slow in their operation. Dr. Ign. Gulz, however, obtains the best effects by administering *hyoscyamine*, which operates quickly, safely, and without any secondary action. He dissolves from two to three grains in a drachm of distilled water, and pours a few drops of the solution into the eye. Less liable to spoil than the extract of hyoscyamus, it may be preserved for a longer time, without losing its remedial power.—[Dr. Gulz: Ibid.

ART. 8.—*Conune against Scrophulous Ophthalmia.*—Conune possesses the active remedial power of conium, without sharing its uncertainty. It operates both as a sedative and dissolvent, and is therefore peculiarly suitable in the irritable form of scrophula, and particularly in scrophulous ophthalmia, when combined with spasm of the palpebræ, lachrymation, acute pain, etc. In these cases, the author employed it with decided success, though he certainly combined its use with fomentations and topical remedies. He disolves from three to four drops of conune in gtt. xx. of spirits of wine and five drachms of distilled water, and administers from 15 to 30 drops three times a day. He never observed any bad effects, excepting occasionally a little head ache and vertigo in some patients, who had continued with the remedy for several months. The author also thinks conune useful in hooping cough, but he has as yet had too few opportunities of testing it in that disease, to recommend it with certainty.—[Dr. Fronnuller: Ibid.

MIDWIFERY.

ART. 9.—*Tartar Emetic in Tardy Labor.*—Dr. Gilbert, of Gettysburg, says we are frequently called to cases in which labor has commenced, but the progress is slow, both on account of the insufficiency of the uterine contractions and rigidity of the os tincæ. These cases are most frequently found to occur in patients of tense fibre, and rather robust constitutions. Bleeding produces

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some relaxation, but rarely hastens the labor; since, in most instances, it does not add anything to the vigor of the pains. Several years ago, while in attendance upon such a case, wishing to expedite the labor, I felt a very strong desire to administer the *secale cornutum*, but was prevented by reflecting upon the well ascertained effects of that powerful agent under such circumstances. The question whether some other article of the *materia medica* might not be advantageously exhibited, then presented itself to me. Relaxation of the *os uteri*, and exclusive contractions, were the principal desiderata. Emesis in the commencement is always looked upon as a symptom of labor; *ergot* also produces nausea, and frequently vomiting. In evacuating the stomach, the diaphragm, abdominal muscles, etc., are called into violent action: these same muscles aid the uterus in its expulsive efforts; hence emesis may be looked upon as a powerful means of exciting labor and producing efficient expulsive contractions of the uterus, because the same set of associated organs are in action; and such is the sympathy between the stomach and uterus, that contractile efforts are easily transferred from the former to the latter, the more especially since the uterus is about to take on such action of its own accord. Again, while the emesis excites, and is accomplished in part by the associated contractions of the muscles constituting the abdominal parietes, it also produces relaxation of other parts of the system, and of none more certainly than the os uteri, under these particular circumstances. Reasoning thus, I was induced to make a trial of tartrate of antimony and potass, in doses of half a grain the first portion, and then a quarter of a grain every fifteen minutes, until emesis; as soon as the retching commencod, the uterine contractions strengthened, and the labor terminated speedily. I have frequently used the tartar emetic since, and always with the most satisfactory results.

I was not then aware that this remedy had been used by Ramsbotham, who, speaking of rigidity of the os uteri, says that "antimony, in doses sufficient to keep up a feeling of nausea, has been exhibited in these cases with marked effect.—[New York Journal of Medicine.

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ART. 10.—*Obstetrical Properties of Powder of Colchicum.*—M. Metta has published the case of a woman in whom the powder of colchicum was employed with success as a substitute for the ergot of rye. She had an abortion at the third month, but the placenta not being expelled, and the pains having ceased, ten grains of powdered root of colchicum were given in two doses. Half an hour having elapsed without any sensible effect, the same dose was repeated. Soon the orifice of the womb dilated, uterine contractions followed, and the placenta was removed by the hand in a state of decomposition.—[Braithwaite's Ret., from London and Edin. Jour. of Med. Sci., April, 1844, p. 359.

ART. 11.—*Singular Case of Pregnancy.*—A peasant girl, aged 15, after a violent effort, found a pain in the loins, which always increased after fatigue. Three years afterwards she perceived one day a round body, which projected from the labia pudendi, but repose and the horizontal position easily effected its reduction. She mentioned it to no one. She was married at twenty, and became pregnant two years afterwards. When she had reached the seventh month she felt great pain on account of the pressure which the displaced uterus exercised on the neighboring parts. The term of pregnancy having arrived, and the pains commencing, an ignorant midwife kept her for four days without employing any means for terminating her labor. M. Perfetti being at last called in, and seeing the uterus hanging out between the thighs, dilated the cervix uteri by means of two incisions of about sixteen lines long, one in the anterior lip, the other in the posterior. The accouchement and expulsion of the placenta were then accomplished without difficulty. When the womb was emptied it was reduced. Then, inflammatory symptoms having disappeared under proper treatment, an elastic gum pessary was placed permanently in the vagina. For the last ten months she had no return of the prolapsus.—[Braithwaite's Ret., from Bulletin delle Scienze Midiche, and Gaz. Med.,

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ANATOMY AND PHYSIOLOGY.

ART. 12.—*Experiments on the Co-operation of the Heart, as regards the Production of Caloric.*—To determine this point, it was necessary to ascertain whether the blood of the pulmonary veins possessed a different degree of heat from that of the left ventricle. For this purpose, the pericardium of a hen was opened, the heart perforated, and small thermometers introduced, which were provided with conical extremities instead of bulbs, and previously heated to 30 deg. R. The result of the experiment was, that the temperature of the left ventricle was found to be higher than that of the left auricle, by 0·59 deg., or about 3-5 deg. The blood of the left ventricle is warmer than that of the right by 0·8523 deg. It is proved by J. Davy's experiments on recently killed animals, that the higher temperature of the left ventricle does not proceed from a more active change of matter in the muscular substance of the left ventricle, communicated from thence to the blood. This supposition is likewise disproved by the author's experiments, who killed the animals immediately after opening the thorax and pericardium, and introducing the thermometer into each ventricle, when he always found the temperature of the left ventricle higher by one degree than that of the right. The temperature gradually sank in both ventricles in a similar proportion.—[Med. Times, from Schmidt's Jahrbucher.

ART. 13.—*Seat of the Respiratory Murmur.*—An anonymous "auscultator" thinks it is a question whether the vesicular structure ever undergoes any alteration of volume during common respiration, and the circumstance of the contractile tissues not having been traced into it, is, he avers, in favor of this supposition. It is much more probable, that the expansions and contractions occur only in the bronchial tubes, where regular currents of air are established, and that the air in the pulmonary cells is renewed by diffusion—a silent process, as friction is out of the question.—[Medical Times.

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ART. 14.—*Some Suggestions with reference to the Circulation of the Blood.* By DR. M. ROSENTHAL.—Two years ago, in Paris, a vivisection was performed in my presence. The Professor opened an abdominal artery, and applied a ligature to the larynx, wholly preventing breathing; the blood, which before the application of the ligature was of a florid red, now suddenly changed to a dark venous hue. On removing the ligature, the blood resumed its former florid-red appearance.

The Professor accounted for this phenomenon by the known fact, that oxygen, when mixed with blood, renders its color florid, and that by alternately applying and removing the ligature, he now allowed, and now prevented, the air having access to the lungs. And this change having been almost instantaneously produced, he considered the rapidity of the change as another proof of the extreme celerity with which the blood circulates in the animal body.

But, on witnessing this extremely rapid change, it seemed to me improbable, that the oxygen could within so short a time pass through the lungs, heart, and vessels, and produce the coloration. The results of my endeavors to explain this phenomen more satisfactorily to myself, I will now briefly detail.

Electricity serves as a means both for decomposing water into its elements, and for re-forming this liquid—the elements constituting it being given.

Fibrine is endowed with the property of decomposing water; but, in the blood fibrine and water are to be met. May not fibrine, therefore, decompose the water in the living animal? The animal body may act *instar* of an electrical battery; of this assertion many proofs may be adduced. A striking one is this: if a copper wire is, at one of its extremities, put into contact with a wound inflicted on a living animal, and at the other extremity communicates by means of a little cup, containing mercury, with a galvanometer, the *astatic* needle is made to deviate; and this effect not taking place if the wounded animal be dead, it clearly shows that living animals can produce galvanic effects.

Hence, in the living body, there being fibrine under the influence

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of the galvanic forces, we have the conditions given for decomposing water and for re-forming it again.

The living animal is constantly in contact with solids and liquids, partaken as food, and with air; part of these substances, after having been converted into the matter of the body, remain there for a longer time, and passing through a series of metamorphoses, are finally eliminated. By far the larger portion, however, do not enter into the intimate animal structure, and are quickly excreted. The structure of some organs being very compact does not allow solids or even liquids to penetrate it; hence, they must necessarily, in the first place, be transformed into gas. But the formation of gas causes an expansion, which again takes place only in organs calculated to yield to any force of pressure: and such are vessels. I hence conclude, that, in the vessels, gasses are disengaged, and especially oxygen and hydrogen.

To return to the experiments made in Paris. I suppose that the force producing the electrical effects in the animal body, is governed by the lungs; and that these organs, on coming in contact with the atmospheric air, are excited, and cause the electric force to decompose water in the organs under its influence; the oxygen on becoming free, by that action imparts to the blood the florid color; but as the oxygen soon combines with substances standing it its way, constituting, with the carbon, carbonic acid, etc., the consequence of this latter effect would be that the arterial blood would take the dark venous hue; if not, a continued fresh disengagement of oxygen would prevent this from taking place.

By the ligature, however, of the larynx, the air being kept from the lungs, these organs, are deprived of their stimulus, and cease to excite the electrical forces, hence the oxygen being absorbed, and none set free in the blood-vessels, the blood offers no florid appearance till the ligature is removed again, which being done, the effect is produced with the suddenness proper to all electrical phenomena.

Thus far, with reference to my views on the original question! but many other suggestions, with regard to several other important physiogical topics, have pressed upon my mind; not having, however, had

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sufficient opportunities practically to examine them, I hesitate to bring them before the public, unless under the shape of questions.

I ask, 1. Is not blushing and turning pale the effect of a sudden change in the electrical conditions?

2. Is not the phenomena of the pulse the effect of an alternate disengagement and absorption of gases?

3. Cannot the gases disengaged, expand the arteries, and assist the blood in rushing from the arterial trunks into the smaller branches? If this is true, we need not ascribe to the heart an almost incredibly enormous propelling power; and we can account for the moving power of the juices in plants which have no heart; and, also why, in inflamed parts of the animal body, though remote from the heart, the circulation is more rapid.—[Med. Times.

MATERIA MEDICA AND PHARMACY.

ART. 15.—[THE following article discloses points of great interest to the practical physician. Many of our medicinal agents are imported, and we doubt not but that they are often impure, and consequently disappoint the expectations of the physician. ED.]

Adulteration of Drugs.—Mr. Lloyd Bullock, in an interesting lecture* (printed for private circulation) on the state of pharmacy in England, gives some pregnant examples of the inefficiency of drugs, and their sophistication by some unprincipled dealers. The adulteration of morphia, so as to be reduced in strength one half, is, he says, of frequent occurrence. He remarks that there doubtless are many wholesale druggists and chemical manufacturers, most honorable and upright men, incapable of practicing deception, or taking advantage of the ignorance of their customers, but there are some few who deem such practices as diluting with an innocuous substance a costly drug, no crime, and therefore practice it without remorse. Besides, there are many causes which may bring into the dispenser's bottles a substance so weak as to be inefficient, or so different to the one intended

* Re-printed from the lecture published for private circulation.

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to be kept there as to be more than worthless, positively mischievous, in cases wherein it is usually prescribed. Many subtances are manufactured in large quantities, and these must be prepared by workmen who do not understand the processes which they practice. A few years ago a physician in one of the great metropolitan hospitals—a bold experimenter—among other things began to examine the effects of iodide of potassium. He commenced by prescribing a few grains, but not perceiving any result, he increased the dose; still, as no effect followed, he added more and more to his prescription, until he reached several drachms. At last it occurred to somebody to enquire whether the substance given in such large doses was pure or not, when it was found that it contained more than 75 per cent. of carbonate of potash, and the wonder was then easily explained. The remedy for this state of things is, that *the man who prepares a prescription should be capable of making an analysis—he ought to be a scientific chemist*, the real fact being, that the majority of chemists and druggists in this country are totally ignorant of chemistry, and yet these persons, who are so ignorant of their own business that they cannot detect by analysis an adulterated specimen of the iodide of potassium when set before them, claim the privilege of prescribing for the sick, for which they are equally or more disqualified. They undergo no examination; they are under no restrictions. A grocer may displace his canisters any day he pleases, an oilman his casks, and supply their places with substances, single grains of which may consign to their graves their equally ignorant neighbors. The boy who has carried out the medicine of the general practitioner, learns to spell the names of the bottles in the dispensary, and he is forthwith qualified to be a pharmacien. He takes a shop, writes up "chemist," and the confiding public enjoys the precious boon. Not a few instances have occurred where the errand boy has proceeded a step further, and dubbed himself a practitioner in medicine, or even donned the "professor's robe."

ART. 16.—*Physiology of Materia Medica.*—Alcohol, ether, and ethereal oils are partly received without any change, and secreted through the lungs and kidneys, also, partly evaporated in consequence

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of the heat of the stomach, and absorbed in this form. Concentrated alcohol, according to Wasman and Pappenheim, precipitates pepsine, and the precipitate is dissolved in dilute hydrochloric acid.* The *halogenic* bodies, as chloride, bromine, and iodine, operate as hydrochloric, hydrobromic, and hydriodic acids; and sulphur, as hydrosulphuric acid (sulphuretted hydrogen.) The sulphurets, probably, also undergo a decomposition, by which they are transformed into salts of sulphur, with disengagement of sulphuretted hydrogen. Phosphorus is partly transformed into phosphoric acid. The combinations of vegetable acids with potash are, according to Wohler, so decomposed, as to appear in the urine in the form of carbonates; the pure alcaloids form lactates, with the lactic acid of the gastric juice. Metallic iron is partly oxydated by the digestive process, and forms, with the lactic acid, lactate of protoxide of iron. Most of the metallic salts combine in a direct way, without suffering decomposition, with the organic constituents of the gastric secretion, particularly with pepsine, forming peculiar chemical combinations, the so-called *pepsinates*,† partly soluble and partly insoluble. Precipitates of pepsine, soluble in dilute hydrochloric acid, are, according to Pappenheim, thrown down by the following salts:—Sulphates of zinc, copper, alumina; alum; the hydrochlorates of murcury, iron, lime, and platina (their alcoholic solution;) the acetate of lead; the nitrates

* Since, according to Pappenheim, excess of alcohol destroys the digestive power of pepsine, it is easily explained why drunkards suffer through bad digestion.

† Pappenheim observes, with regard to these pepsinates: that most—perhaps all—of the precipitates are separated, by prolonged washing, into a soluble precipitate containing pepsine, and into an insoluble one, containing the inorganic substances. As, according to Wasman, several metallic precipitates (as that of the acetate of lead, of sulphate of copper, of sulphate of protoxide and of oxide of iron, of chloride of mercury, etc.,) appear to possess digestive powers, the supposition gains ground, that pepsine is held in solution by the metallic combination, but not chemically combined with it. T. F. Simon agrees so far with Pappenheim, as to consider it probable, that the combinations of pepsine with metallic salts (considering its great affinity for albumine) if sufficiently edulcorated, are ultimately so decomposed that the pure oxides remain combined with the pepsine.

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of lead, of protoxide of mercury, and of oxide of copper. But the combinations of pepsine with nitrate and sulphate of silver, sulphate of protoxide of iron, and chloride of tin, are still uncertain.—[Med. Times.

ART. 17.—*Indian Hemp.*—Dr. Clendinning says the only cases in which he has found the Indian hemp (cannabis Indica) not to act as a competent substitute for opium, is in the intestinal fluxes, such as the diarrhœas of phthisis and of low fever in advanced stages, of old ulcerations of the bowels, etc., and in dysenteric affections. In such cases, opium is the great controlling remedy of the narcotic class, and admits of no deputy. And in such cases happily, opium produces in judicious hands none of its inconvenient effects, and may usually be safely and freely employed.—[Med. Times.

MISCELLANEOUS.

ART. 18.—*Hints on the Examination of candidates for the Degree of Doctor of Medicine.* By THOMAS D. MITCHELL, M. D., Professor of Materia Medica and Therapeutics in Medical Department of Transylvania University.

REGARDING this very important subject, as by no means foreign to the designs of a medical journal, the following remarks are respectfully submitted to the serious consideration of the profession at large. Much has been said on this topic by fault-finders, ignorant of the facts; and self-confident as they seem to be, I have no disposition to enter the lists of controversy, simply to break a lance with them. My object is to make an effort to do the cause of medical science some service, as it ever has been my aim to elevate it, by the agency of truth.

It is to be regretted that not a few of our young men enter on the study of medicine, without due preparation; and in them we find, as we might expect, a disposition to undervalue the profession. It is not strange, therefore, to hear such persons complain of the rigidity

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of the most trifling examinations. The pupil who is properly educated and disciplined before he commences a course of reading in medicine, is prepared to estimate aright the responsibilities of the profession he has chosen, and in his view, the most elevated standard is not too high. The one lacks the basis on which a right judgment may be predicated, and hence his vision is obscure and otherwise defective. The other, especially if his mind be of high order, having a good foundation laid, for the contemplated superstructure, surveys the land before him with a telescopic eye, and every object is immeasurably magnified. At each step, he acquires new impressions of the vastness of the enterprise, and would shrink from the task, if an unquenchable thirst for knowledge did not urge him onward. The one, in a short time, fancies that he has gained the summit; and when you behold him in the field, as a practitioner, you see a man who has made up his mind to rely for all future time, on the capital acquired in the days of pupilage. The other, astounded and yet enchanted at the new revelations that spring up before him, feels that he has scarce begun to learn; and as long as he lives, he is impressed with the sentiment that he has learned but little, and that he is not to cease from investigation while life lasts.

It is more than likely, that our entire profession would be found, on a careful examination, to belong to one or the other of the two classes referred to. The rule is general of course, and therefore must be allowed to have its due share of exceptions. Yet from the observations I have been able to make, it seems to me, that for the most part, the finale of medical character may be traced back to one or other of the descriptions I have given above, with the same exactness that appertains to the relation of cause and effect.

In exact keeping with the sentiments advanced is a fact so notorious that all must have been conscious of it, at some time or other, that the most ignorant, superficial and discreditable men in the profession are among the loudest in the ranks of fault-finders. I recollect an incident somewhat in point. A man had passed through the usual ordeal of trial for a degree in a school which shall be nameless for the present. It was almost universally believed by his fellow

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candidates that he would be rejected, and yet he sustained an examination fully up to mediocrity. The most noisy individual, in the class, and one who threatened to refuse his diploma because this fool, as he styled him, had gone safely through, was unquestionably the lowest in point of character and attainments, on the whole list.

I would not be thought to say or mean that none but dolts have complained of medical teachings and final examinations. And yet I have certainly heard of one individual, said to be a man of good talents, who, after reiterated denunciations of medical schools and exaggerations of their deficiencies, was willing to accept a professorship in a school on the common model, and with no pretentions to any feature new or great, above the sisterhood around it. Men of the highest order of intellect often lack common sense, and this destitution leads to the fashionable error of magnifying real defects, and discerning faults where there are none: Let such an individual enter a medical school as a teacher bent on thorough reform, and he will not be slow to discover, that he has committed the capital mistake, of beginning at the wrong place, and in a short time, he is convinced that he has been in error all the while.

The object of this brief paper was to say a few words on medical examinations with a view to conferring degrees; but it may be proper to suggest here that if all practitioners who are well instructed and are in the habit of taking pupils into their offices, would refuse all applicants whose defective education or want of fitness for the profession was palpable, they would do more even by *that negation*, in the way of reforming the profession, than any medical school in America can effect. Let them beside this, do full justice to all the pupils under their care, not only in reference to medical reading and catechetical exercise, but in regard to the high morality that should ever characterize the practitioner of the "Healing Art," and they will have no ground of complaint against medical schools for the delinquencies that are so often and so gratuitously charged upon them. The first thing to be done is to get rid of the beam in our own eye, if we would successfully attempt to extract the mote from our neighbor's eye.

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In reference to final examinations, we shall confine our remarks to the institutions of our own country; and as the University of Pennsylvania is the parent school, it may be well to survey her history a little, at a period when she could not be moved by the seductive arts of rivalry. We recollect distinctly a time when that school did not feel that she had a rival, and therefore she could not be charged with resorting to tricks and devices to draw pupils from other schools. Her policy was for the good of the whole community, and the standing she acquired was fair evidence of the wisdom of that policy. More than thirty years ago, have I known young men to pass successfully the ordeal in that school, although but twenty-five minutes under examination. Occasionally, the trial went over an hour, but in most cases, it was finished in a less period. For some years it was carried on, by having the candidate in a frame work coated over with green baize or flannel, and hence the term, *green box*. This device was contrived to keep all the Faculty ignorant of the candidate's person, save the Dean who necessarily was familiar with it. It was supposed that in this way, any existing prejudice against an individual might be prevented from operating to his disadvantage, while the party under trial would find some protection from the workings of undue diffidence or modesty. By many it was believed that this plan was a judicious one; and yet it was abolished because of the advantages supposed to grow out of a personal interview of the parties, face to face. And this scheme has yielded to another; and then another has been devised and all the changes intended to promote the best interests of the profession.

In Transylvania University, the old plan of the parent school, viz.: a personal meeting of the candidate and Faculty, has obtained and still exists. We regard it as the best that has yet been suggested, and we are sure, that under its operation, many of the brightest ornaments of the profession have come forth from the old Philadelphia School, and that not a few who are destined to eminence have passed the ordeal in the same way, in the various institutions that have sprung from her.

A slight innóvation on this plan was adopted several years ago by

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some of the schools, and at the last session, found its way into Transylvania. In Lexington, it was carried out as follows:—Our Library room is over 60 feet long and about 35 feet wide, giving ample space for locating one half of the professors, with a candidate at either extremity. Both candidates were introduced by the Dean at once, and separated by a curtain placed midway across the room. Each professor examined nine minutes by the Dean's watch, and as soon as the examination by those on either side of the curtain closed, the candidates were required to exchange seats, in order to complete the trial. Each professor noted in a book the result of his examintion, as *very good*, *tolerable*, *so so*, *very bad*, etc., etc., according to circumstances, and at a suitable time in the day, all the notes were brought together, and the result thence made out.

It will be seen that in this mode of examination, each professor examined twice as long, in each hour, as he did under the old arrangement, and this forced him to remain on the spot. Formerly, it became rather an irksome task, to examine nine minutes in an hour, and to listen for the balance of the hour to others; and hence, it too often happened, that professors were not at their post, as they should be. In the trial made last spring in Lexington, the plan was found to secure the attendance of all the faculty, almost the whole time. And besides; it was the unanimous sentiment of the Faculty, that the qualifications of candidates were more satisfactorily ascertained, than they had been under the old arrangement.

It has ever been a difficult problem to solve; What is the proper standard by which to measure these examinations? And it seems to me, that from the very nature of the case, no standard can be fixed; but that here, as in other concerns, circumstances must and will operate, for which no standard could make provision. A faculty may be fully assured of a man's qualifications, by the daily intercourse of the session. On this subject, he may have not a shadow of doubt, and yet the candidate may sadly disappoint the expectations raised in his favor, when the final hour comes.

Of course I cannot speak positively of the details of other schools; but I take it for granted that all honorable teachers who are sworn to

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discharge their duties with fidelity, will act in conformity with their high standing. The clamors in the profession are not evidence to me, that teachers have been false to their vows: nor does it prove conclusively to my mind that all is wrong, because the army and the navy board reject a large number of graduates, who come before them. It is not hazarding too much nor too far, to suggest that some who pass the ordeals of those boards, might be rejected on an examination before some other tribunal. Such is the dissimilarity of teaching in the schools, in regard to details, that we can readily understand how a man who had passed his trial with credit at one school, might find himself so hard pressed by another, as to wish himself anywhere else.

That examinations must be had, is self-evident; and if the examiners aim at a knowledge of the attainments of the candidate, and decide according to the evidence, under the solemnity of their official oaths, what better security could be required, that justice will be done? This subject has been a theme of discussion times without number, in all our faculties, and I am willing to believe, that none do, intentionally, what they know to be wrong in the premises. The great error, I apprehend is in the mode of teaching, and in the teaching itself. Let professors instruct in such a way as to make it obvious to all that *they* understand their subject; let them be so lucid, plain, and straight-forward, that nobody need misunderstand them, and there will be less difficulty in deciding on the merits of candidates.

As intimately related to this subject, let me say, that the course of reading is generally, too brief. No man will lose by a three years' course of study, and if he attend three courses of lectures, his attainments will be none the less. There has been a sad falling off from good old customs, in these matters; and I doubt not, that the profession has been much injured thereby.

It is not our purpose to write an essay on medical education. The subject has forced itself upon us, and our remarks are submitted with the best intentions, and in the hope that the weak points in our systems of teaching may be made strong, and many real defects be speedily abolished. And while it is confessedly quite possible to make our

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examinations of candidates more available to promote the weal of the profession, the utopian notion that this feature in our social economy can ever be freed entirely from defects while every other feature is stamped with imperfections, should not enter the head of any who desire to be accounted wise and intelligent.

We do, most emphatically, protest against a false construction put upon the mode of examination at Lexington, as announced in the late circular. We are happy to know, that only in one quarter has this construction been entertained. The error referred to, was, that the actual trial of the candidate was abated by having two under examination at once. Not one of the late class of students or graduates so understood the plan, because it was not possible so to be mistaken. They knew, that each candidate was to be examined just as long as it had been customary to examine, in any period of the school's history. The only possible advantages to the subjects of the examinations were, a more equitable decision in each case, and a shorter detention after the close of the session than had been usual. If any are so discerning as to be able to see a source of professional disrepute in such advantages, they are quite welcome to the credit and profit of faculties so rare.

We hold, that it is impossible to improve or modify final examinations of candidates, so as to educe therefrom any real benefit to the profession, until private teachers shall begin the work of reformation where it is most obviously needed, and that is, in *their own offices.* Instead of calling on Hercules and chiding him for neglect, let each man do his own part well, and the cure will be as complete, as the imperfections of human nature will permit. On other grounds, the malady is hopeless.

Lexington Ky., August, 1844.

Art. 19.—[In a late number of the Medical Times we find a biographical sketch of Mr. Liston, from which we extract a few paragraphs relating particularly to incidents not generally known.]

"Mr. Robert Liston is the son of a Scotch parson, of the same name, we believe, and was born in the parish of Kirkliston, some

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time about the year 1790, and is now, therefore, enjoying the ripe age of about 54. We are not aware of the precocious talents he evinced in youth, while yet the future great surgeon was enwrapped in pin or tuck-afore; but rumor represents, that they were even then so specially devoted to the mangling *line*, that his father soon abandoned the intention of educating him that he might one day "wag his pow' in a poopit," that is, shake his head in a pulpit, (an aim which, to persons of his sphere in Scotland, forms the *summum bonum* of earthly ambition) and allowed the young "hopeful" full scope in his innocent pastime of breaking the legs of the neighboring ducks, that he might afterwards set them, and cuffing the village curs, that he might display his talents in curing them. "Take your physic, Bobby, and you shall have the dog to kick!" was the coaxing phrase employed, according to the village rumor, when Mr. Robert was particularly refractory about the article of his spring purge. The potion was swallowed, we are told, without a grimace, under the temptation of a requital so enticing, and Master Robert Liston thus early indicated the tastes which were one day to supply the village with a pork-butcher, or the metropolis with its "first" surgeon. Luckily for *us*—and we had almost said, for his patients—Liston, like Mary, chose the better part, and hence the appearance of his herculean bust this day on this immortal column of the *Medical Times*.

Having received the usual rudiments of a good rustic education, Mr. Liston was early despatched to the sanctuary of Dr. John Barclay, who was one of the most laborious anatomists of his day; and if one of the earliest anecdotes of his life be credited, the young gentleman was then remarkable for that politeness which he has seldom since evinced. In some forgotten sketch of our hero, which we have heard of or seen, it is recorded, that chancing to arrive at the house while the doctor was engaged with tea, he received an invitation to participate in the exhilerating beverage, but nothing could induce him to put the prized cup to his lips, till, amid the roars and laughter of the assembled students, he had piously proposed the health of the congregated company—an act of superfluous politeness, for which he long was bantered, and which would pleasingly

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account for an absence of the important commodity, if subsequently any such *hiatus* has been observeable.

Mr. Liston being of a temperament not peculiarly brilliant, his progress in the more profound and intellectual part of the profession, was slow; but his idiosyncrasy caused him to become a first-rate dissector, and to this, whatever well-deserved reputation he has since attained in the profession is due. It may be doubted, however, whether his knowledge of anatomy is equal to his power of wielding the knife; at all events, it was not always so. In the outset of career, it is well known, he was on the point of tying one of the brachial nerves instead of the subclavian artery, and was prevented only by the warning, or interposition of Mr. Nasmyth, a dentist, standing by, who thus saved him from an error which must have been equally fatal to his patient, and his own professional prospects."

"But Liston's uprise was a matter of time. It rested unfortunately on his wits, and as these were not very extraordinary, even if allowed their full play, and as in Britain it is very difficult to give them full play when they stand by themselves, he might have stood, tall as he is, at the bottom of the surgical ladder of Jacob for ever, if a fortunate incident did not turn up for him at the expense of one whom society was very glad to see paying it. This incident was the memorable duel fought between the late Sir Alexander Boswell and the present Mr. Stuart, then of Dunearn, and now a factory commissioner. Stuart had been pointed out as a coward in some wretched rhymes of Sir Alexander, and the latter was a shot so noted, that no surgeon of standing in the city could be found to attend a scene of certain anticipated murder. Mr. Liston readily undertook the part; the reverse of what was anticipated took place; the baronet was mortally struck down at the first shot, by a man who previously had scarcely ever fired one; and as when the seconds and surviving principal had fled, Mr. Liston alone remained to give an account of the action, he became, in this way, for a period, the lion of the day—an advantage which he did not fail to turn to account amongst the small aristocratic families to whom the circumstance introduced him.

It was about this period that Mr. Liston adopted a practice not

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previously in much vogue among surgeons in the Scottish capital, and which—while to fair and candid minds, only shewing the "first" surgeon's love of manly sports—from malicious, we cannot say, *envious* rivals, for they had nothing to envy, procured him the *soubriquet* of an "Accident Hunter." He became, like his rival Lizars, a very Nimrod, and as the *canny* citizens, the John Gilpins of Edinburgh are not the best horsemen in the world, it did so happen, that bruised heads and brokon collar-bones, were frequent enough among them to screen Mr. Liston from the rebuke of any great imprudence, in enjoying keenly those pleasures of the chase which are known to those who can manage to be "in at the death." While we can thoroughly sympathize with him when compelled, as he was, to sacrifice these exciting pleasures, by the amazingly increased extent of his private practice, it is but just that we should own, that popular rumor gave a less pleasing, though, perhaps, more amusing explanation, of the circumstance. It is said that on one occasion, his horse ran away with him, and the rider foreseeing the necessity of a fall, just managed, with his characteristic tact, to maintain his situation till he got over a dunghill, when he quickly allowed himself to slide off, and found a very soft, if very inoderous, settling-place. The circumstance, of course, was noticed, and by his brother hunters, Liston was long remembered as 'Dunghill Liston.'"

"The grand aim of Mr. Liston's life was the acquisition of a surgeonship in the Edinburgh Hospital. It is surprising, notwithstanding his dissections and lectureship, that he should have attained such well-deserved eminence as an operator, when it is considered, that he was for many years excluded from this field, and had no other opportunity for practicing than that the dissecting-room afforded. Though a Tory of that *rare* thorough kind that goes bang forward without any thought of right or wrong, he was, strange to say, rigidly excluded from the Infirmary, as it is termed, of that city, until the day of Whig-rule. His irritable, captious, quarrelsome temperament, may, perhaps, in some degree, account for this; but, on the other hand, it must be admitted, that it was the tendency

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of the former governors to exclude anything like ability from their ranks. Yet it may be doubted whether, on the whole, Liston was a sufferer by exclusion; the dissecting room, to which he, in consequence, resorted, as a substitute, afforded a wide field for the practice of operations, though it engendered, perhaps, a species of callousness. Mr. Listen, also, in attaining the position of a lecturer, which he early got, had an important aid to forcing his merits under public notice. At that time, there really existed no lectureship of an authorized kind."

"He could demonstrate the various surgical operations with considerable effect, marred, perhaps, by an excess of dexterous leger-demain, and sleight-of-hand tricks with his instruments; but when he made an approach to verbal explanation, such a series of shruggings, huggings, hawkings, coughings, spittings, winkings, stutterings, and splutterings, was, perhaps never witnessed from a teacher. Like one of those artistic butchers who, in a second, cut, with mathematical precision, one of those beautiful legs of pork which are so wondrous pretty to the connoisseur, he knew nothing except that it was so—had never given his brain a second thought about principles—had really nothing to say, except "do like me." If the truth were known, he had a secret conviction, that operative surgery was no matter for talk or instruction. He had nothing but contempt for free speeches, and would have found the weaving of tartan plaid out of Margate sands as easy as the manufacturing of his surgical sayings and doings into a decent consecutive lecture. With him, like the Athenian's oratory, it was all action—action—action. His power came to him by an instinct, and it was only degrading the divine thing to subject it to the empire of science, or the rules of literature. Sampson could as easily explain the true sources of his strength, as Liston of his skill. And the most provoking thing was, that while the lecturer was thus on such bad terms with the King's English, he seemed to rest in such a good understanding with himself."

[Here follows a somewhat lengthy account of Mr. Liston's writings, but as they are before the public, we need not copy the criticism.]

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"In personal appearance, we have said, Mr. Liston stands about six feet two inches high,—a stalwart figure, of broad shoulders, and arms that would fell an ox,—a Hercules, even to the low, retreating forehead the Greeks were so fond of giving to their demi-god. He is a handsome man, looking yet under his forty-fifth year, although the hair has deserted its post on his temples, and upper portion of his head. His eyes are light his mouth good; his nose not bad, and the front-face, when the eyes are opened, gives you an idea of softened animality."

Every Scotch practitioner acquires, from the well-known morality of his country, the right to be thought pious, till a court of justice publicly proves him the contrary, and Mr. Liston will thank us for giving him the benefit of the presumption. To dismiss him, in a few words: as a man, he is unamiable; as a gentleman, unpolished; as an author, *sine literis*; as a politician full of tact; as a medical man he has high merits, and huge faults; an active obliging teacher; he is slow and careless as a student; one of the first operators; he is, beyond comparison, *the* worst lecturer in Europe; his diagnosis and treatment, the most indifferent things in the world; his use of the knife is the most wonderful and exquisite. Altogether, if we can do ill with him, we should do worse without him. He fills a gap, and with all his peculiarities, we trust he may long live to fill it, worthy, as now, and still more pleasantly to all.

BIBLIOGRAPHICAL NOTICES.

ART. 20.—*The Principles and Practice of Modern Surgery.* By ROBERT DRUITT, Surgeon. From the third London Edition. Illustrated with one hundred and fifty-three wood engravings. With notes and comments by Joshua B. Flint, M. D., M. M., SS., late Professor of Surgery in the Medical Institute of Louisville. Philadelphia: Lea and Blanchard: 1844. pp. 568.

IN September, 1842, we inserted a notice of the first American edition of Druitt's Surgery, and in the short space of two years, we

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are again called on to notice the second edition. A new edition of the work having been called for in the short space of two years is no inconsiderable evidence of its standing with the profession.

As we cannot more clearly express our views of the work than we did in 1842, an extract from that notice is here appended.

"Two points are to be considered in every new work that is offered to the public—first, what is the leading object of the author; and second, how far he has been successful in accomplishing that object. The first enquiry is to be answered by the writer, the second emanates from the reader.

In the present instance, Mr. Druitt very briefly informs us, "That it is meant to afford a short but complete account of modern surgery; to contain every thing that is essential to a right understanding of its principles; and to embody the experience of the highest authorities as to the best rules for practice."

The object thus expressed by the author is a good one, and, if properly carried out, will be regarded as a *desideratum* in surgery, to the teacher, student, and general practitioner. An elaborate treatise, extending into all the minutiæ of the subject, if adopted as a text book, is liable unconsciously to lead the lecturer into a prolixity incompatible with a proper illustration of his subject. And to the student, such a work will prove more irksome than instructive, for, by fatiguing the memory with too much matter, a confused and imperfect recollection remains, instead of that clear and vivid impression of facts and principles, which should follow the careful study of every work connected with medicine. Nor are the wants of the general practitioner better supplied by books of this class. Works for reference, in a practical point of view, should be brief and pointed, yet sufficiently extensive to afford a clear and definite view of the subject.

It must not be understood, that we condemn as useless the more elaborate works; on the contrary, in an extended course of study, such as every well instructed physician and surgeon must undergo, they are indispensable, and should receive the protracted attention of the student, until he becomes entirely familiar with the principles of the science. This, however, cannot be accomplished, as a

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general rule, in the limited space of time allotted to elementary study by private instructors and medical schools. Hence the necessity for condensed books.

How far, then, does the work before us meet the necessities adverted to? It is divided into five parts, the first two of which are devoted to the *principles* of surgery, and the remaining three to its *practice.*

Surgery has too often been regarded, even by skilful operators, as a mere mechanical art; or, in other words, the laws governing the animal economy, in health and disease, have been too much disregarded, the skill of the surgeon supposed to consist entirely in his ability to operate 'with neatness and despatch,' without adopting suitable medication. A greater error than this could not be committed. Those who will take the trouble to observe, will find that the most successful surgeons are such as give strict attention to the general health, enforcing proper *dietetic and medicinal* regulation before every operation; thereby freeing the system as much as possible from general disease, or constitutional irritation from local affections, and, consequently, securing the best prospects for ultimate success. Abernethy may be mentioned as an illustrious example of this course.

Mr. Druitt has, to some extent, avoided this too exclusively mechanical view of the subject. In the first part of the work, embracing 128 pages, the disturbances of the constitution resulting from local diseases and injuries, and *local diseases* produced by some deviation from *general health* of the constitution, together with various points in the *principles* of surgery, will convey to the student more of the philosophy of this branch than is usually taught in the same space. True, this aspect of the subject is not enforced with that energy which its importance demands, nor with that clearness which we hope in future to witness; yet we are satisfied that the author has done more for *medicinal* surgery than many of his predecessors.

As a work for students, Mr. Druitt's book possesses another commendable feature. He descends to minute points, and yet in such a clear and distinct way as always to make himself understood.

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Authors are apt to presume too much upon the student's previous knowledge, and therefore omit many small matters of the utmost importance to the inexperienced.

To present a summary of Mr. Druitt's work, we would say, that his descriptions are remarkably brief, plain, and pointed; avoiding unnecessary prolixity, yet omitting nothing that is necessary to convey an accurate and thorough knowledge of the subject. It embraces most of the operations known in surgery, and, we believe, all that the experience of the ablest operators have sanctioned as judicious. The practical part of the work is illustrated with fifty engravings, which are of great value, especially to the student.

The notes by Dr. Flint constitute a valuable addition to the book, though not as numerous as the reputation and well known abilities of the editor would have led us to anticipate. This, however, we are informed resulted from an apprehension of rendering the work too voluminous for its peculiar uses. We are gratified to see that, in a note on *lithotomy*, the editor does ample justice to Professor Dudley, of Lexington, a native of the West, and one of the most distinguished lithotomists living. This is right. Our own countrymen should not pass unnoticed, while foreigners are loaded with unmeasured praise.

We can most cheerfully commend 'The Principles and Practice of Modern Surgery,' to the teacher, practitioner, and student, as a work peculiarly calculated to meet their several conditions."

The present edition has been, to some extent, modified, though not materially altering its character. It contains about fifty pages more matter than the preceding edition, and numerous additional illustrations. We can but repeat our former convictions, that Dr. Flint has evinced much sound judgment, and rendered a material service to the profession, by the republication of this work.

For sale by Messrs. Desilver & Burr, 112, Main Street.

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ART. 21.—*Human Health; or the influence of Atmosphere and Locality; change of Air and Climate; Seasons; Food; Clothing; Bathing and Mineral Springs; Exercise; Sleep; Corporeal and Intellectual Pursuits, etc. etc., on Healthy Man; constituting Elements of Hygiene.* By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, etc., in Jefferson Medical College, etc. A new Edition, with many Modifications and Additions. Philadelphia: Lea & Blanchard: 1844. pp. 464.

PROFESSOR DUNGLISON'S work on Hygiene having undergone extensive revision, appears under the title of Human Health, and so far as we are able to determine from a somewhat hasty examination, it is decidedly an improvement on the former edition. The subject matter of the work, an examination of every thing affecting human health, is confessedly of the first importance; and although the principles of hygiene are certainly embraced, to a great extent, in the different branches of medical science, a separate treatise on that department, in which all the facts bearing on the subject are placed in juxta-position, is necessary for a due comprehension of their relation and combined importance.

We think upon the whole, the author has succeeded in compiling a very good system of Hygiene, and one that should be studied by the profession and the public, for it is sufficiently divested of technical language to be comprehended by the non-professional reader. We could, however, point out exceptionable doctrines, such for example as pertains to *drinks*. We very greatly question the correctness of the views in relation to the use of fermented and distilled drinks, as maintained by the author; still there are many who act on these principles, and as the opposite views have been so often and ably enforced, there is but little probability of an undue influence being exerted by this work. If some recent views in relation to digestion, which are adverted to in the present number of the Lancet under the head of Physiology, be true, viz., that alcohol precipitates *pepsine*, the agency of that beverage in digestion will be injurious instead of beneficial.

"Human Health" will be profitably studied by the people and the profession; and as a good digest of this highly important subject, we commend to them this book.

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THE WESTERN LANCET.

CINCINNATI, SEPTEMBER, 1844.

CONVENTION OF DENTAL SURGEONS.

Some time since, an association of Dentists was formed in this city, called the "Cincinnati Association of Dental Surgeons," designed to promote the interests of the Science of Dentistry. With the view of extending their field of operations, and forming a bond of union among the Dentists of the Mississippi Valley, the members of the profession in the West and South were invited to meet in Convention at Cincinnati, on the 13th ult. A number responded to this call, and at the time appointed the Convention assembled in the Medical College of Ohio; Dr. Joseph Taylor of Maysville, Ky, was called to the chair, and Dr. Wm. B. Ross of Covington, Ky, was appointed Secretary. After a very spirited session of two days, during which time excellent addresses were delivered by Dr. Rogers, Dr. James Taylor, and Dr. Allen. A permanent Society was formed called the "Mississippi Valley Association of Dental Surgeons." Dr. Jessee W. Cook of Cincinnati, was elected President; Dr. Wm. B. Ross of Covington, Ky., Recording Secretary: Dr. James Taylor Corresponding Secretary; Charles Bonsall of Cincinnati, Treasurer; Drs. M. Rogers, and J. Allen of Cincinnati, and F. E. Sevier of Madison Ia., Committee of examination for membership. The Society adopted a Constitution and By-Laws, which for their strict provisions in regard to admission of members deserves the highest praise, and might advantageously be imitated by some of our Medical Societies. We heartily wish the Society success; and judging from the high professional standing of those engaged in the enterprise, there can be no doubt that the intereats of this useful art will be materially advanced; and, therefore, all Dentists who desire to see their science improved, should be found sustaining this association.

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BOYLSTON PRIZE ESSAYS.—At the annual meeting of the Committee, held August 2nd, 1844, a premium of fifty dollars, or a gold medal of that value, was awarded to Samuel Forry, M. D., for the best dissertation on the following questions:

"To what extent is the human system protected from small-pox, by inoculation with the cow-pox: is the protection increased by re-vaccination, and if so, under what circumstances?"

The other premium, the same value, was awarded to Henry J. Bigelow, M. D., for the best dissertation on the following subject:

"In what cases, and to what extent, is the division of muscles, tendons or other parts, proper for the relief of deformity or lameness."

THE MEDICAL EXAMINER.—In the last number of the Lancet, we adverted to certain remarks of the Medical Examiner, which had been construed into a disparagement of Western Schools; and at the same time we expressed a doubt as to *intentional* disrespect. We are gratified to perceive in the last number of the Examiner, that the Editor distinctly disavows any intentional disparagement of Western Schools, and very candidly admits, that the language used by him was indeed "*unfortunate*," if it admitted of such construction. That the language *was* unfortunate, is very obvious; but at the same time we think the explanation sufficiently satisfactory, and that the worthy Editor should be placed in his proper position.

THE CYCLOPÆDIA OF PRACTICAL MEDICINE.—This valuable work continues to make its appearance regularly. No. IX. having already reached this city. The present edition is superior to any of its predecessors; indeed no work can pass under the supervision of Professor Dunglison without receiving valuable additions.

DRUITT'S SURGERY.—We have received the second American Edition of this excellent system of practical surgery, edited by Dr. Flint, to whose influence we are indebted for a re-publication of this work in America. It is more particularly noticed in the Bibliographical Department.

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A NEW WORK ON THE MECHANISM OF LABOR.—Lea & Blanchard have now in preparation a work on the Mechanism of Labor, by Professor Hodge, assisted in the illustrative part by Paul Beck Goddard, M. D. It will form a large imperial octavo volume, illustrated by numerous lithographic plates, half the natural size, executed under the immediate supervision of Dr. Goddard.

WILLOUGHBY UNIVERSITY.—This spirited Institution, which can boast of as indefatigable a Faculty as any other in the country, has received an accession by the appointment of Henry H. Childs, M. D. of Pittsfield, Mass., to the Obstetrical Chair, and George McCook, M. D. of New Lisbon, Ohio, Adjunct-Professor of Surgery. The Trustees announce the institution as fully prepared to discharge all its duties in a faithful manner.

BAD CHIROGRAPHY.—The following remarks, taken from the *St. Louis Medical and Surgical Journal*, if attended to will materially benefit both correspondents and editors:

"If a horribly bad chirography, be any evidence of genius and learning, then the medical profession can boast as much of these as perhaps any other, that of the law hardly excepted; but we deny that it is a proof of any thing, save *carelessness* or a *clumsy hand.* We acknowledge frankly that our own hand is neither very plain nor fair to look upon, and we are consequently charitable to others. This is of but little importance in private communications, where a little guessing may come to the aid of illegible characters, and where the terms used are familiar to the reader. But in essays *for publication, on learned subjects*, the terminology of which is all 'Greek,' except to the initiated, this illegible scribbling is a serious affair. The editor may perchance be able to '*make it out*,' but the printer is as incompetent to the task as he would be to the labors of Champollion, and the aforesaid editor has either to re-write the piece, which is very troublesome, or reject it, which his good nature revolts at.

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Many a talented writer has wondered at the non-appearance of his matter, not suspecting the reason to be that the printer could not read it. Just think of such words and phrases as these '*sectio cadaveris, anasarca resulting from the* morbus *brightii, the iatraleptic or endermic medication,* considered in a *prophylactia and therapeutic point of view,*' and a hundred others proper enough in themselves, but unless carefully penned, perfectly undecypherable to the printer. We have said enough to constitute *a hint. Verbum sat.*"

NECROLOGY.

Died at Oxford, Holmes Co., Ohio, on Monday the 5th of August inst., after only about four days illness, C. W. C. Howard, M. D., aged twenty-five years.

The deceased was born in Andover, Vt., at which place he resided until he was twenty years of age, and received his early education. In 1839, he came to Akron, Ohio, and studied medicine with his brother, Dr. E. W. Howard. In 1841, he returned to Vt., where his parents and relations resided, and after spending a few weeks at home, went to Massachusetts, and graduated at the Berkshire Medical College, in Pittsfield, after which he spent some time in the Hospital in Boston. For the last two years he was successfully engaged in the practice of his profession in Avoca, Steuben Co, N. Y. He was now traveling in this State, in search of a new location where he could have a wider sphere of action. He had made his brother at Akron a pleasant visit, and left in perfect health only a week before his death, and was cut down, entirely among strangers in a strange land, with not a relation or friend to smooth the pillow when dying.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, OCTOBER, 1844. No. 6.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Report of the Diseases which appeared in the Cincinnati Orphan Asylum, during the years* 1842–3. By THOMAS CARROLL, M. D.

[CONCLUDED FROM PAGE 216.]

DIARRHŒA often becomes chronic with varied colored discharges, from light or clay-colored to green, orange brown, or black; and sometimes was mixed with the ingesta. This latter occurrence frequently took place in these cases within 24 hours after the visits of friends who frequently give without the knowledge of the nurse various indigestible articles to these little sufferers, *it would seem for no other purpose than the mere pleasure of making them sicker than they were*; indeed we have on more than one occasion ascribed the loss of patients to this cause. During this condition of the disease the abdomens of the patients were sometimes prominent and tense to the touch; again, they were lank and soft. The tongue was coated to a lesser or greater extent, and that languor and paleness, that was brought about, by the first onset of the disease attended often through many weeks.

From the outset the warm bath was premised once or oftener each day, sometimes common salt was added when the patient was weak, flannel was directed next the skin, with a roller, occasionally round the abdomen. These directions were continued through the chronic stages.

When the disease had fairly assumed a chronic aspect the treat-

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ment necessarily had to undergo considerable change. I found it improper to continue the use of mercury to the extent that the first two or three weeks justified; the dose of calomel was therefore brought down to the eighth of a grain, two or three times a day, and sometimes, indeed frequently, laid aside altogether. On a few occasions the hydrarg. cum creta was directed or the blue pill, but experience has long determined me much in favor of calomel, as I think the action on the mucous surface is more favorably influenced by it than by any of the other preparations. But when mercury has to be laid aside in consequence of the amount, or effect produced, much difficulty has to be encountered in the after management of the case; under these circumstances I first added to my usual powders one grain of rhubarb, indeed, at first I directed but half a grain. I was pleased with the effect that this medicine had, or that I thought it had. The certainty of inflammation of some portion of the mucous surface in chronic diarrhœas seems to justify the adoption of such a course. About three grains a day of rhubarb will frequently seem to give the evacuations a better consistence and color. To enable me to manage these cases with more success, I conceived that emetics might be useful; I began by giving five grains of ipecacuanha, and repeating if it did not operate every twenty or thirty minutes. I but seldom, however, gave more than two doses in this way; and if they did not operate, I then depended on their downward action. To my astonishment, however, I found that frequently neither vomiting, nor purging followed, but sudden cessation of the diarrhœa. After twelve or twenty-four hours an evacuation of better colored fæces took place. On one occasion I directed five grains every half hour until vomiting should take place. The nurse having but three doses of ipecacuanha, gave them, but found that no vomiting followed; she then gave a tea-spoonful of antimonial wine every twenty or thirty minutes until the child had takent three; she then ceased, but neither vomiting nor purging followed. The diarrhœa was much benefitted, and this child has repeatedly taken ten grains of ipecacuanha since, with but little disturbance of the stomach, and always

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with benefit. Children after taking ipecacuanha in the manner directed will often sleep for some hours, or be in a condition approaching it. This may be produced by the feeling of debility or slight sickness.

The first patient on whom I tried this prescription had labored for months under chronic diarrhœa, and early in '43 it became very feeble. Small doses of calomel, etc., had been given, yet the disease held on its way with unabated virulence. The sugar of lead with absorbents were tried, but with little effect. The gums became swollen and tender, either from the effect of mercury, or a tendency to ulceration from debility. Under these circumstances I determined on a change of my course: 5 grains of ipecacuanha were directed at a dose; one portion vomited the patient, and the alvine evacuations on the following day had altered, from being thin, offensive, and light colored, to a more consistent composition, and a darker color. Little more was done for this child than to occasionally repeat the emetics, and it sometimes took four-grain doses of sulph. quinine with apparent advantage. In January '44, this child was in good health; and now when I am writing (July '44) the health remains unimpaired.

It has been noticed that malaria and effects of the season are frequently the direct and leading causes of the bowel affections of children. In this locality it is not very unfrequent to find cases of diarrhœa complicated with remitting fever, that is, the morning remissions are greater in some cases than in others; and even sometimes wear the livery of intermitting fever. This is much more the case than in more elevated locations. The fever in these cases, at the Asylum, is much off in the morning, but rises by the middle of the day, and continues to increase or at least is unabated until the turn of the night. But few physicians who have lived in a malarious situation have not seen well marked cases of ague at very early periods of life. We know that in some parts of the world children frequently take intermitting fever at an early age or during the first year, and continue to have it annually through life or nearly so. I knew two gentlemen, more than twenty years

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ago, who were born in North Carolina, and in Pascotank Co.; one of them lived thirty years in that County, and during every season he had the ague. He then removed to a high location, and had not had it for 40 years. The other gentleman, had resided in the neighborhood of where he was born during 40 years, and every year successively had the ague; he then removed to a more healthy location, and had not had it for 20 years—no chills having appeared after his removal.

The infantile remitting fever, as described by authors, appears to depend upon a different cause or causes, it being attended by inflammation of some of the abdominal viscera, and may, or may not be attended with diarrhœa. In the Asylum this affection has in all cases of it, which have been few, been attended by chronic diarrhœa in some form, and which in every instance preceded the other symptoms.

Of that kind of intermitting or remitting fever dependent on malarious origin I presume the following case to be an example, though it may indeed be doubted :—

M. B., an infant of one or two weeks old, was found at the door of the Asylum. Was feeble and emaciated, and it was discovered that it had regular chills every morning, which were followed by fever. Diarrhœa soon supervened, probably from feeding, and the stomach was irritable with clay-colored alvine evacuations. The skin was dry and corrugated or wrinkled, and was covered with downy hair, a phenomenon often attendant on marasmus. This patient was treated by administering half a grain of calomel with still less doses of Dover's powder every or every other night: no improvement however took place, and it succumbed in about three weeks after admission. On post mortem examination, I was unable to find any lesion of the alimentary tube, unless an apparent thinness of the intestinal coats. The liver, however, had its concave surface deepened in color, and more firm in texture than the remainder, and the gall-bladder was engorged, and thickened. Would not a different course have saved this child? possibly a grain of calomel a day with quinine would have been a good prescription, and might have saved it.

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The following cases may be considered samples, particularly belonging to the class of infantile remittents.

On the 18th of December '42 an infant was admitted, aged 18 months. At the time of admission it was worn down with diarrhœa, had swelled feet and hands. The skin of the extremities was of a dark red and below the common standard of temperature. It almost constantly cried during the day, and through a large portion of the night. The color of the evacuations was varied, and thin, and offensive. The following course was laid down and steadily pursued. Half a grain of Dover's powder and a fourth of a grain of calomel were given every 8 hours, with the eighth of a grain of quinine in solution. A tea-spoonful of wine was allowed two or three times a day. It was taken out on the 27th of January '43 cured. Since which time it has been again brought in, but in good health.

The case which I am about to relate is one of interest, and did not take place either in '42 or '43, but since. It was a pure case of infantile remittent with obstinate diarrhœa. It came into the house on the 15th of May, '44. It had diarrhœa when powders of calomel and chalk with Dover's powders were directed, with, occasionally, sugar of lead; and with suitable external applications. Under this treatment, however, it did not improve. About the 27th I left for the East, and my friend Dr. Dodge took charge of the establishment during my absence. He made various prescriptions, and as the debility continued to increase, he directed, before my return, a tea-spoonful of tincture of cloves, two or three times a day. The nurse thought this had a good effect; it was continued after my return, which took place on the 13th of June, down to the time of dissolution which took place on the 6th of July. At death the patient was much emaciated; had a completely marasmatic appearance, and seemed to suffer much pain. The dejections were generally of a very light color, frequent, and without consistence. There was no tumefaction of the abdomen nor apparent tenderness. The skin had been mostly dry with occasional sweating about the head. I found, on dissection, the coats of the stomach much thickened, particularly towards its pyloric orifice, and its capacity of distension

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greatly diminished, as two or three gills would have completely filled it. Its mucous surface was more dense than usual, and vascular, but not very red. After passing the duodenum, the marks of inflammation on the mucous surface was not very great until I arrived within about two feet of the termination of the colon. At this point the bowels suddenly contracted to a much smaller space than usual, apparently capable of not more than distention to an inch in diameter. Throughout this space there was contained a milky looking fluid, which seemed to be partly pus, and partly mucus, and was, I presume, what some authors have denominated chylus; but was no doubt the production of the mucous surface, that had been and was in an inflamed condition: considerable amounts of this fluid had been voided for some time. The spleen was enlarged and firm in texture; the kidneys, also, were in this state, but seemed more enlarged and firm than the other organ. The gall-bladder was engorged and the liver enlarged, and probably darker in color than natural; but what was most singular, was the condition of the mesentery and its vessels. It was thickened throughout its surface, and its vessels much increased in size; this did not seem to be merely congestion, but a morbid enlargement from long continued chronic inflammation. The mesenteric glands were somewhat larger than natural though they did not seem to be diseased in the same degree in the other tissues. Now I must admit, that in the treatment of this patient, an error was made in administering stimulants, though at the time I could see no good reason against the adoption of the course. It would seem to my understanding that an occasional purgative would have been useful, composed of calomel and some other substance; and it argues the propriety of giving those medicines calculated to disgorge or stimulate to healthy action the mucous surfaces, as well as to excite the portal circulation. Probably anterior to the time of admission into the Asylum, or possibly even after, a course directed more especially to the use of emetics and mercurial cathartics, would have saved the patient.

It is idle to say, that patients cannot bear cathartics, who have

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diarrhœa, because we know they will frequently cure the disease, and that suddenly. All physicians of experience know very well that marasmus is often cured by purgatives, almost alone, or rather laxatives, continued for weeks, in minute doses with blue pill or calomel. Now, diarrhœa attending the same disease does in my opinion lessen the propriety or need of these remedial means; but does not entirely interdict their use, indeed from the evidences given by the dissections in this case I cannot avoid thinking, that they would be of much service.

That peculiar disease known as ulcerated or inflamed gums, and occasionally terminating in gangrene of the mouth, etc., which pervades so many asylums dedicated for the benefits of orphanage has not let the Cincinnati Asylum escape; as I understand, it very soon made its appearance after the establishment of the Institution. Those cases which have fallen under my observation have, in nearly every instance been preceeded by diarrhœa, and accompanied by it. This form of the disease has been more difficult of management than the opposite or where the bowels have been constipated.

Cancrum oris has but of late years attracted the general attention of the profession in this country or probably any other. At first it was invariably thought to follow the exhibition of mercury. Observation and experience have, however, corrected this opinion: it is now, indeed, well known, that the disease frequently terminates in mortification of the mouth, in cases in which no mercury had been exhibited. As knowledge advances upon the subject, it seems to be understood that this disease mostly appears on alluvia or on marshy or malarious localities; so far as my observation has extended, it would appear that it but seldom is found out of those situations, and that where it does, it mostly follows the use of mercury or possibly some of the eruptive diseases. In this city, cases have occurred under various circumstances. In some cases mercury had been given and sometimes not. In the Asylum, I am informed anterior to my appointment, that a number of cases of cancrum oris occurred, and that this occurrence, in several instances, took place where no mercury had been given. I will here report

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a few cases which I think will conclusively prove that mercury is not the alone exciting cause, and will, I hope, help to demonstrate the true nature of this disease.

C. A., a female child aged 10 years, was taken on the — of March 1842 with inflammation of the mucous surface of the mouth, and with swelling of the sub-maxillary gland of the left side, which increased until the 24th when an abscess of it burst into the mouth, and discharged considerable bloody pus of a fetid character. The tongue, with the opposite sub-maxillary gland, lips, and face, all participated in the swelling. The pulse was quick, and there was general fever. On the evening of the 28th, 5 grs. of calomel were directed, and on the 29th, 5 more with 10 of jalap. The jalap was repeated on the 30th, and in the evening of the same day an ounce of epsom salts was directed in broken doses through the night, and on the morning of the 31st the patient was purged freely and frequently, being the first for several days. From the beginning, profuse discharges of saliva accompanied the disease and increased up to the 31st. The tongue was slightly ulcerated, and the lips and face continued to swell, up to the 1st of April. There was now less fever, though the patient was unable to speak. From the 1st to the 3rd the symptoms had changed but little. Antimonial wine was directed in ten-drop doses every 4 hours. On the 4th the tongue was less swollen, but still swelling of the cheeks, with that peculiar solidity of them so common to this affection continued, but in an ameliorated condition. The bowels were kept open with salts, and a gargle was used composed of 3 grs. of nitrate of silver and one ounce of distilled water; this was dropped into the mouth every few hours. The antimonial wine was increased to 20 drops every 4 hours. By the 9th the patient sat up, eat, and talked, and continued to improve from that time to the 30th, when she was pronounced convalescent.— During the worst periods of this case I much feared the termination in mortification. Some of my medical friends thought that it would result, but complete recovery took place without any external sloughing, and only in very small points on the inner lining of the cheeks. As the inflammation of the glands, and so forth, took place before any

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mercury was administered, it is obvious that this medicine did not produce it, and it is even possible that the calomel acting on the mucous surface of the alimentary tube prevented a termination about the face that would have proved fatal; although I would not again under the same circumstances give so much calomel. Frequent cases of inflammation of the gums have appeared since I attended the establishment, which have mostly terminated in ulceration to a lesser or greater extent. There has first appeared redness of the gums of one side, which has been confined to the lower or upper jaw, not often if ever appearing in both at the same time. It has most generally appeared on the gums of the molar teeth of the lower jaw. The redness has in most cases approached a purple. After some time the gums have ulcerated round the teeth, and if allowed to continue, the teeth themselves have decayed, which indeed has been a very common circumstance. The tongue has generally ulcerated in patches around its edges or about the point. A speck of greater or less extent on the mucous surface of that part of the cheek approximating the ulcerated or inflamed gums, and of an ash color, has appeared. This has generally been an inch or more long, though occasionally not so much. Its width has been about one-third the length. By feeling this spot I have found less or more induration of the cheek. This hardened condition has extended altogether through the cheek in very few cases. The lips have sometimes become involved in this induration, or has been altogether confined to them.

The mode of treatment pursued was to use local and general remedies. The general remedies were directed to the condition of the general health. Debility was prevented, if possible, and the condition of the alimentary canal was managed according to circumstances; in most of the cases diarrhœa, in a chronic form was present. This affection was combatted in the usual way, with the exception, that mercury was given in smaller doses or altogether omitted. As debility, and a remitting form of fever was in many cases an attendant, quinine was given in nearly all of them. I tried arsenic in two cases of this kind, with advantage. One drop of Fowler's solution was directed morning, noon, and night, for about

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two weeks; I am not certain, but that it is among the very best remedies. In one case I used iodine in middling free doses, and although it seemed to have but little influence on the ulceration, the health of the patient much improved under its use; so did the health of those who took the arsenic. Still, I presume that quinine will, in the general, answer a better purpose. Half a grain may be given to a child of two years of age every 6 hours. Cold bathing should be advised in all cases of a chronic character. This course was followed in some of the cases.

The local treatment was almost exclusively the nitrate of silver, either in its solid state or in solution. When the solution was used, its strength was ten grains to the ounce of distilled water. During 1843, I, however, in most cases, used a pencil of the nitrate about once in three days. It was applied to all the ulcerated parts; and when there were deep sloughs, I ran it round them, and by this means gave activity to the parts immediately connected with those that were dead. When the disease consisted of a mere ulceration of the gums or inflammation of them, all that I found necessary was a solution of the nitrate applied once or twice a day; in cases where the mortified parts are considerable, and much fetor, frequent applications of a weak solution was beneficial, and in deep and active ulcers a daily application of the nitrate in a solid form was found advantageous.

During '42 and '43 there were 20 cases of various grades of this affection, two of which proved fatal. Both of these had been treated for several weeks for diarrhœa, and took repeated small doses of calomel with Dover's powder, etc., for the arrest of the diarrhœa; but when ulceration or ash colored spots appeared, the mercury was laid aside, and the patients treated upon the principles above laid down: The quinine was depended on instead of mineral "tonics." Although the faces of these children swelled considerably, and there were deep sloughs in the insides of the cheeks, no gangrene supervened, which involved the skin: the patients indeed died from a diseased condition of the alimentary canal. Had it not been for this, their recovery would have been certain, or nearly so. These patients had taken during 35 days, half a grain of calomel each day, at the

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end of which time their mouths inflamed: one was three years of age, the other, two. Another child was taken in the same way at the same time: this recovered, and was much benefitted by being sent to the country, two or three weeks after it became affected.

The following case will show the way by which this disease sometimes makes its first appearance: in it no mercury had been given. On the 1st of June, '43, a child one year old was taken with ulcerated gums, and a few yellowish pimples on the tongue and lining of the mouth. A pustular eruption soon appeared on the lips and chin. The lips and lower part of the face now swelled very much. Saliva was largely thrown out; the patient lost its appetite; its bowels were deranged and it became feeble, and emaciated rapidly. This case was treated by emetics and tonics with absorbents; and some wine was allowed. It took within 10 or 12 days 3 emetics of ipecac., and also, for a considerable time, the fourth of a grain of quinine every 6 or 8 hours. The local treatment consisted of nitrate of silver in solution to the mouth internally, with washes of borax, etc. On the 1st of July, 1843, the patient was nearly well, and recovered perfectly.

I shall relate the following case to show that the disease simulates the mercurial diseases of children, and to show that men of acknowledged skill may be mistaken:—

A child was admitted into the Asylum about the middle of June, '43; had diarrhœa when admitted; this, however, had subsided by the middle of July at which time it was taken out of the House. Two or three weeks after, the mother called at my office, and said, the child was ill with diarrhœa. It was pale and emaciated. I prescribed powders composed of half a grain of calomel, half a grain Dover's powder, and four of prepared chalk, with tonics. One of the powders was given every night for a week, then they were laid aside. A week afterwards, the child was brought to me: I found the gums ulcerated and the right half of the upper lip swelled, indurated, and of a dark reddish color. The induration indicated a disposition in the parts to slough. As there had been but three grains and a half of calomel given to this patient, I concluded that

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mercury had nothing to do with the production of the ulceration or induration of the lip.

On the day that I saw the patient last it was taken to the Hospital, and as I have understood, it was determined that the condition of the mouth had been brought about by the action of mercury. If, however, mercury in the quantities given in this case can do so much injury, it is time to consider whether it ought to be given in any case. The history of cancrum oris, however, proves beyond the shadow of a doubt, that it supervenes not only in asylums, where it is much more prevalent than any where else, but in numerous other situations and where no mercury had been given. But as this disease occasionally becomes endemic, it behooves practitioners to be on their guard as to the use of mercury, as I, with others, believe that under these circumstances, it cannot be given with safety, at least in large doses. The reader has observed above, that I have prescribed the iodine and the arsenic with apparent advantage. I think it worthy the serious consideration of the practitioner, whether under certain chronic forms of this malady it would not be proper to give the iodine a fair trial, or even the Fowler's solution. In cases out of the Asylum unattended by diarrhœa I have found benefit from combinations of rhubarb, soda, and very small portions of calomel every night.

With regard to the cases of inflammation of the brain with or without effusion, I shall now say nothing as to their treatment, but hope to on a future occasion; neither shall I do more with regard to its history than state that but three cases of this kind occurred in which I had any positive evidence of the presence of the disease, though I presume there was effusion in one or two cases where no examination had been made.

Art. 2.—*Removal of a Diseased Ovarium.* By J. D. Bowles, M. D., of Harrison, O.

Mrs. Brant, æt. 25, in the middle of August, 1843, for the first time, noticed a small tumor in the left hypogastric region, which has unceasingly continued to increase; it now occupies the whole lower part of the abdomen, and extends upwards to midway between

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the umbilicus and ensiform cartilage; it is very moveable in a lateral and somewhat in a vertical direction; its surface feels hard and uneven as if lobulated.

Upon examination the vagina and os uteri feel healthy; the direction of the vagina inclines to the left; pressure to the right of the neck of the uterus gives slight pain; here, through the vagina, the tumor can be felt. She complains of pains in the lumbar region, and down the thighs, at times resembling those of parturition. The urine is frequently and rather painfully voided. The bowels are inclined to be costive; in other respects, the various functions of the body are performed in a healthy manner.

Her habit is spare, and has been so from the commencement of child bearing; she has borne four children. Some physicians supposed it to be a case of extra-uterine gestation; but Dr. Crookshank, who had seen her previously, differed, and declared it to be an enlarged ovarium; he informed the patient that nothing but the extraction of it would relieve her; in these views Dr. Fuller and myself coincided. She readily assented to the proposition, having an impression on her mind, that if it could not be removed, it would kill her.

She cannot ascribe it to any particular cause, unless it arose from an accident, which occurred to her about six weeks previously to her last labour, by which her leg became entangled in a rope, to which a yoke of oxen were attached, and she was dragged forty-feet or thereabouts. We advised her to come to our neighborhood to be operated upon. She assented, and came to Dr. Crookshank's in Harrison.

August 5th.—Yesterday a cathartic (castor oil) was given to the patient. This morning, in the presence and with the assistance of Drs. Fuller, Crookshank, and Francis, I proceeded to operate upon the plan pursued by McDowell, Lizars, and Clay.

The patient having her bladder and rectum evacuated, was laid on a table; her head resting on a pillow; her legs hanging over the end, and her feet resting on a chair.

Operation.—Avoiding the umbilicus, an incision nine inches in length, was made through the linea alba, from the upper part of the

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tumor to the symphysis pubis. Upon drawing aside the parietes, the tumor might be seen through the greater omentum, which passed down in front of it: upon endeavoring to raise it, it was found adherent to the tumor. The adhesions were readily separated by the handle of the scalpel or fingers. There were no adhesions on the posterior part. In endeavoring to raise it from the right iliac fossa, its attachment to the broad ligament of the uterus, which formed the pedicle, was brought into view; the pedicle was about two inches wide, its broad surface closely adhered to the tumor, its blood vessels were large, and distended; following its course for a short distance, the finger could be passed around it; here a ligature of double silk was applied, and firmly tied, and passed through the pedicle between the tumor and place of application; the broad ligament was then cut through. Endeavoring to raise it from the right iliac fossa, was found firmly bound down by adhesions to the uterus and bladder; the close adhesion of the tumor to the former gave to the hand, when examining it from behind, a sensation as if their structures were intimately blended into one consolidated mass, but as soon as the pedicle was divided, upon raising the tumor in front, the adhesions between it and the fundus of the bladder, and uterus, were easily separated by the handle of the scalpel, and the tumor removed. We inclined her on one side, that the accumulated blood might escape, of which not more than six or eight ounces were lost, and not a jet of arterial blood was seen.

Upon being replaced in her former position, vomiting occurred which forcibly protruded the intestines from the wound, and rendered it somewhat difficult to replace them, but Dr. Fuller by well directed pressure resisted the propulsive action, and stimuli being administered the vomiting subsided. The wound was then closed by an interrupted suture of five stiches. At distances of an inch and a half, long strips of adhesive plaster, reaching across the abdomen were applied between the sutures; a long compress on each side of the wound; raw cotton over it; and a broad bandage surrounding the body, enveloped the whole.

Since the operation she has gone on well, and has had nothing to

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complain of, excepting that on the remainder of the 5th and until the evening of the following day, her stomach would retain nothing; it yielded to an effervescent or gruel. From that period she cannot be said to have had an untoward symptom. Her diet was the mildest that could be suggested; a dose or two of morphine has been the only medicine administered.

To keep her abdominal muscles at rest, her urine was constantly drawn off by the catheter, and her bowels washed out by enemas, to prevent distension from flatulence a tube was kept in the rectum.

Three of the sutures were removed on the 9th, one on the 10th, and the remaining one on the 11th.

Adhesion has taken place (with the exception of an inch near the lower part) throughout the wound: the ligature is not yet come away. The urine and fæces are discharged without difficulty or assistance.

Her appetite is good; her health better than before the operation. We have no doubt of her ultimate recovery.

To Dr. Crookshank's kindness in taking her to his home, and the advantage she has derived from his constant attention, must be attributed, in a great measure, the mildness of the subsequent disturbance which she has experienced from this formidable operation.

The tumor weighed five lbs.; its external appearance resembled the human brain enveloped in the pia mater, upon dividing it, the interior appeared quite solid, resembling the mammary gland, having a dense white appearance, agreeing with Dr. Good's definition of the emphyma mammarium. It measured in its shortest circumference 15 inches, in its longest 22¼. This case is not presented to the medical world, as containing anything original, but as affording, if it be requisite, an additional case to prove the practicability of extirpation by the long incision without incurring any greater risk than is hazarded in other capital operations.

The adhesions and solidity of the tumor would have rendered its extraction totally impossible by the short incision. The propriety of operating in the linea alba was manifested by finding the pedicle to be the right broad ligament, instead of the left as we expected from the history given by the patient.

Harrison, O., August 18th, 1844.

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ART. 3.—*Causes of Death in Typhoid Fever.* By B. RUSH MITCHELL, M. D.

HAVING, in a former essay, endeavored to draw attention to the fact, that death takes place in fever, as a result of either inflammation or congestion, it would not seem amiss, to apply the principle to particular diseases of a febrile nature; since, by so doing, we might elicit some means of lessening the mortality, of these wide-spread affections; and, in as much as Typhoid Fever has domiciled itself among us, becoming an American—a Western malady—and one too frequently fatal, correct appreciation of *its* phenomena, would seem more desirable than those of any other; and we consequently propose to make it the subject of a few remarks

We are aware, that after the publication of Professor Bartlett's work upon this disease, anything further, would appear to some superfluous; but inasmuch as he and others, seem to look upon the essential character of the disease, as consisting in the intestinal lesion, it is but natural that by this they should seek to explain the cause of death. It has, however, been our good fortune, to have become some what conversant, practically, with this disease; and observation and reading have tended in no slight degree to produce the conviction that the *uncomplicated* lesion of the digestive tube—the *essential* of Typhoid, would cause death in a proportion, not near so large as the fever does, which we meet in our practice. The history of the disease, fully establishes this fact. The fewer remedies and the milder their character, that we direct to the diseased glands, the better the prospect of cure. In this particular, nature seems to say to the physician, "let me alone, you take care of the rest of the body, and I will manage this;" and he will be found most generally successful, who thus interprets and obeys, the voice of the vis medicatrix.

It seems indeed strange, that a part not distinguished for its necessity to life—not pre-eminently vital; that a part of this nature occupying so small a site, should, when diseased, possess so powerful a death-producing agency. We have been accustomed to see pa-

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tients live long and ultimately recover, with the ordinary ileitis, and an instance presents itself to us, in which, the disease continued 12 months before death occurred, although diarrhœa was actively present all the time. Ileitis, according to the testimony of the best observers, is not remarkable for its fatality, if met by treatment at its onset; at least, not so much so, as Typhoid Fever, of which this lesion is supposed to be the characteristic; and we are entirely unable to discern any reason why it should be a frequent cause of death in the one case, and not in the other.

If we examine the statistics of mortality of Typhoid fever we will find that the most usual consequence of Typhoid ileitis is a slight ulceration; sometimes a bare thickening of the elliptical plates; a lesion surely, not a serious death-producer. Perforation of the intestine, is a rare occurrence. Louis found it in 8 of 55 cases, and this is the ordinary proportion. Strange too to tell, Dr. Bartlett informs us that the accident occurs *most commonly* in the *mild* cases of the disease, and in this statement he is borne out by the concurrent testimony of Chomel, and others. In grave cases, its occurrence is rather a phenomenon than an incident. Such being the fact connected with the intestinal lesion, it does not seem to us rational to explain death commonly, by its presence; for, were it to exist alone, the ratio of mortality would be but small.

There are, however, complications arising in almost every case of this fever; there are symptoms, the indications of which, are often overlooked, to which we may look for a solution of the question, Why is Typhoid fever, so fatal a disease? And of these, none are so prominent as those of the head and lungs, but more especially the former: for, of all the symptoms of this fever, those relating to the head, are the most universal. Headache is one of the most common premonitions, Louis having found it in 84 of 87 cases. And, as the disease progresses, the marks of cerebral disturbance, instead of becoming lessened by the progress of the intestinal lesion, are evidently increased. It is too, a remarkable, and not sufficiently dwelt upon fact, that the head symptoms are more marked in fatal cases, than otherwise. If this were not so, if we found them to be

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well marked in slight cases, we might, not deem their existence worthy of note, but, when we find a correspondence between the gravity of the disease, and their presence, we are forced to conclude, that there is something more hidden, than a superficial examination would detect.

The testimony of all writers, completely establishes this fact, that a greater development of the intestinal lesion, is the feature of the mild, and the cerebral, of the grave cases. Thus: of 46 fatal cases cited by Louis, there was delirium in 38. And again, of 31 mild cases, noticed by the same observer, delirium was present in but 3, and then mild and having but a short duration. Ringing or buzzing in the ears, we find present in a majority of cases: and dullness of hearing, Louis found in two-thirds of his fatal cases. The other senses are either perverted or lost, in about the same proportion of cases. Somnolence or stupor, after verging into an almost comatose state, is by no means unfrequent, and as we learn from Dr. Bartlett, *is in proportion to the intensity and rapid march* of the disease. Louis found it present in eight-ninths of his fatal cases, but rarely in mild ones. Dr. Jackson, too, noticed it in one in three of his fatal cases; as well as the co-equal occurrence of subsultus tendinum.

Had we given to us, this detail of cerebral symptoms as the prominent characteristics of a case of disease, there is no physician who would hesitate in declaring that they were of the first magnitude, and that unless remedies were immediately addressed to their removal, the fatal termination of the case could not be doubted; yet, when all these occur in connection with Typhoid fever, the physician, looking alone at its *peculiar* lesion, regards the cerebral phenomena as insignificant accidents, when intense, demanding perhaps palliation, but not calling for energetic procedure. Take up a work on Typhoid fever: is anything said respecting the *necessity* of combatting these head-symptoms? Not a word; although you will read, that of 46 fatal cases, Louis found sub-arachnoid effusion in 28, vascularity of the pia mater in about one-half, the rosy tinge of the cortical substance in 17, and injection of the medullary substance, in all but 81. Then, if you examine Chomel, you learn that he discovered appreciable lesion

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of the brain and membranes, in 18 out of 38; a large proportion, when our imperfect means of diagnosticating these lesions are considered.

But, notwithstanding these facts, physicians are in the daily habit of allowing these symptoms of congestion and inflammation of the brain and its appendages to run on untouched; when, were they dissociated with the fever, they would be met by energetic head-medication. Is it any wonder that Typhoid should be a fatal fever, while this is the case? Some physicians, I know, depart from this course, and as a consequence, meet with uncommon success. Our own experience of the disease it is true, is not remarkably extensive; but if we were to attribute our success to anything more than another, it would be an early attention to head-symptoms. And were we at this moment called to a case of Typhoid fever presenting evident cerebral disturbance, we would instantly put in practice, the course of treatment recommended by Dr. Graves for a similar condition of a Typhoid patient; blister the whole scalp, administer small portions of Tart. Ant. internally, and if this should not succeed, rub the entire scalp with tartar emetic ointment. By means such as these superadded to the ordinary treatment, we feel warranted in saying, the mortality of Typhoid may be reduced one-half. This conclusion we deduce from the cerebral disease discovered in the post mortems of Louis and others the comparative incapacity of the lesion of Peyer and Brunner, alone to produce death, and the success of practice; and we feel assured that an adoption of this line of treatment, will substantiate its truth. While, however, we thus contend for the importance of attention to the cerebral disorder, we by no means, wish to detract from the influence of the intestinal lesion in producing death. But, inasmuch as the cerebral symptoms are developed anterior to those of the bowels, it is at least a matter of query, whether or not, the last may not have origin in the first? whether the primary impairment of innervation by the cerebral disorder, may not, by robbing the intestines of their nervous energy, weaken their tone, and render them the ready victims of disease? At all events, one thing is certain, that after the disease is set up, in the glands of the ileum, it will acquire additional capacity for destruction, from the defective and diseased action of the sensorium;

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and we look upon it as farther evident, that these two diseases will act upon each other, and increase the virulence of both; thus almost ensuring a fatal issue. Better, far better, we think it would be to subdue the one or the other, so that we may have a simple disease to treat, than one involving two or more important organs. And as the brain is the part which gives the first evidence of disease in Typhoid fever, and is the presiding genius and director of animal life, let us subdue, early and completely, each and every diseased manifestation, that we can detect. This is, to say the least, worthy of a trial.

ART. 4.—*Case of Prolonged Singultus—Dilatation of Air-cells in left, and Atrophy of right Lung.* By JOHN BUTTERFIELD, M D., Professor of Theory and Practice, and General and Special Pathology, in Willoughby University.

TUESDAY, P. M., 24th April, 1843. I was invited to be present at the autopsy of Miss N. C., who died last night at 9 o'clock. We obtained the following imperfect history. Subject is 32 years of age, and has always been sick since infancy, though this sickness was not described. About three years since, had a slight attack of hemiplegia, upon which side I could not learn. About a year ago she was attacked with singultus, which has continued, with some slight intervals, ever since. She was treated by several physicians, but without effect. This was the most urgent symptom, and was very distressing.

I did not learn whether it was intermitted during sleep or not. She has had for a long time, shortness of breathing, with breathlessness on any exertion. Right side perfectly flat on percussion, with absence of vesicular murmur, and strong tubal respiration.

On Saturday last was attacked with paralysis, commencing in the right arm, and increasing gradually till the whole right side, and eventually the whole body became paralyzed. Sunday evening she became entirely senseless, and had several convulsions during the night. Stertorous breathing came on Monday morning. During the day continued much the same, and expired about 9 o'clock, P, M. I did not see the patient during life.

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Autopsy 19 hours after death.—Moderate embonpoint; right lung flat on percussion. *Brain.*—Extravasation of blood on the surface of both hemispheres, under the arachnoid, and between the convolutions. This extravasation was of very great extent, occupying a space nearly the size of the hand upon the superior portion of the left hemisphere, and reaching down nearly to the corpus callosum. Over the right, it was less extensive. The lateral ventricles were filled, but not strongly distended with serum. *Thorax.*—*Left lung* enormously large; cells dilated, readily seen through the pleura. This dilatation seemed to be universal, constituting the emphysema of Laennec. No tubercles; slight old adhesions of upper lobe. *Right lung* perfectly collapsed; carnified (a fine examaple); in its whole extent, *atrophied*, it being little larger than a large adult kidney. Bronchial tubes enlarged, hardened, ossified in points. Mucous membrane inflamed, indurated, and covered in portions with pus. Lung strongly adherent to the ribs. *Heart* much displaced, thrown almost entirely to the right of the mesian line, the apex being nearly under the centre of the sternum. *Valves* healthy except the mitral, which were somewhat thickened at their edges. *Liver* adherent to the diaphragm, somewhat softened, and darker in color than is natural. *Stomach and Intestines* of a natural appearance; not opened. *Kidneys and Spleen* healthy. *Uterus.*—Walls thickened, fibre cartilaginous in structure, cavity filled with a whitish and very viscid substance. From its anterior aspect projected a pedunculated fibrous tumor, about the size of an English walnut.

REMARKS.—The above case presents several points of interest. The paralysis, convulsions, etc., are sufficiently accounted for by the sanguineous extravasation upon the brain; this again was probably connected with the condition of the heart and lungs. The right lung had evidently been entirely useless for a long time. What the original affection of the lung was which resulted in the condition described above, I cannot tell, and what I could learn of the history, throws no light upon it. The dilatation of the air cells in the left lung, however obscure the pathology of dilatation may generally be, was here undoubtedly dependent upon the increased function thrown upon this

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lung. The heart was displaced by the pressure of the left lung, assisted by the partial cavity formed in the right chest. What occasioned the prolonged singultus? The liver was adherent to some extent to the diaphragm, but the corresponding lung was not. Was it produced by the inflammation of the peritoneal covering of the liver extending to the diaphragm, or did it depend upon the necessarily irregular action of that muscle in respiration?

Art. 4.—*Extraordinary case of Diseased Bladder.* By L. M. Whiting, M. D., Canton, O.

J. Gorgas, Esq., a very respectable magistrate of this County, aged 71 years, tall and spare, temperament nervous, of good habits, and general health, has been troubled for about two years past, occasionally with frequent calls to void urine, but free from pain or other inconvenience whatever. As usual in such cases, the desire to evacuate the contents of the bladder has been increased by horse-back exercise, exposure to cold, damp states of the atmosphere, etc. On or about the 16th day of April, 1841, he was induced, contrary to his usual habits, to mount a horse and ride some miles from his residence to perform some of the functions of his office. The weather was cold, wet and disagreeable, and he found the calls to urinate during the day very frequent, and what was new, accompanied by pain in the region of the bladder. On his way home this latter symptom increased to such a degree, that he could no longer endure the motion of his horse; he therefore dismounted and walked for the distance of three miles. On his arrival, a physician, (or one who professes the healing art in the neighborhood) was called, who when he appeared at the bed-side, was informed by the patient that there had been no discharge from the bowels during the last four or five days—that he was suffering extreme pain of an acute character in the lower part of the abdomen and pelvis, which region was then enlarging its dimensions rapidly, and that the urine was dribbling away almost constantly, uncontrolled by the will. These symptoms were accompanied, as I am informed by very intelligent non-professional attendants, by a

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quick hard pulse, heat of the surface and other indications of general inflammatory excitement. The prescription consisted almost entirely of a direction to apply hot and moist flannel over the seat of pain and swelling. Cathartics and enemata were expressly interdicted, and on a request being made by the sufferer for bloodletting, this was also refused. The latter was adopted, however, on a repetition of the request on the second day, but the urgent solicitation of the patient for the adoption of some means to evacuate the bowels was entirely unheeded or rather a new injunction was laid upon everything which tends to that result. The patient, however, being a man of strong sense, and feeling naturally a necessity for the accomplishment of this object, insisted upon the administration of enemeta by the members of his family in the absence of the Doctor (!): but after a few efforts without any of the expected results, the project was abandoned for the time. On the succeeding visit of the medical attendant, he was desired by the patient, contrary to his own advice, to administer an injection which he finally did, and upon its passing off very soon without the accompaniment of fæcal matter, he declared most confidently, that there was "nothing there to come away" and that it was the height of folly to persist in the endeavor to procure stools. Repeating his directions in reference to heat and moisture, and ordering a weak solution of crem. tart. as a drink, he took his leave. Disregarding all the professional counsel of his attendant in relation to the state of the alimentary canal, the patient commenced taking Ol. Ric. in moderate doses, and continued so to do at intervals of a few hours until about ʒiv. had been introduced. Some cathartic pills were then resorted to, and enemata of a mild character frequently thrown into the rectum. The steady perseverance of the patient in this course for a few hours resulted in appropriate action, and six or seven stools were procured exhaling an intolerable odor, and the first discharge giving him excruciating agony from its compactness and size. Four days had now elapsed since the attack, and eight or nine since the last previous alvine discharge. From this time the pain subsided fast, and strong hopes were entertained of speedy recovery. But there remained great tumefaction of the ab-

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domen, almost constant uncontrollable dribbling of urine tinged with blood, which symptoms not yielding to any remedial means which were adopted, the friends of the patient were induced, after the lapse of two or three days more, to send for other medical aid.

On the 21st of April I saw him for the first time. The abdomen at this time presented externally the appearance of an enormously distended bladder, the form of that organ being striking, preserved in the tumefaction, and at a glance, I was satisfied that *retention* existed to an alarming extent, and that a catheter, could it be introduced, would diminish the size of the tumefaction very much: but on subjecting the abdomen to manual examination, there was a feeling of hardness approximating scirrhus very closely, hardly any elasticity on pressure, and very little pain complained of. This confused my mind in regard to the condition of the organ, but without further hesitation, the catheter was introduced, but not a drop of urine flowed. The urethra was free from obstruction, and no part of the passage seemed to be in a state of much irritation. What is the pathological condition of the bladder? was a query which continually revolved in my mind, but which I was then and still am unable satisfactorily to answer. That there was considerable enlargement and induration of the prostate was evident upon examination and in passing the catheter, but as to the bladder itself, every means which came within the range of my knowledge as calculated to throw light upon the condition were resorted to without developing anything upon which to base treatment especially directed to that organ. When lying upon his back, the extreme upper portion of the tumefaction, representing accurately the form of the organ in question, came very nearly in contact with the ensiform cartilage, and from this highest point, a line was drawn to the junction of the ossa pubes, which measured *fourteen inches*: another passed from side to side of the enlargement across its center, measured *ten and one half inches*. The patient being inclined to lie mainly upon the right side, the right lower extremity became œdematous to a great degree from mechanical obstruction to the return of blood by pressure of the enlargement upon the venous trunks of that side. On changing the recumbent

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position to the left side, the same effect followed to that lower extremity.

There was *extraordinary watchfulness*: the patient whose mind seemed to be perfectly clear, and his attendants who were persons in whom the utmost confidence could be placed, declaring, that during the week which had elapsed when I saw him he had not been asleep to exceed *twenty minutes*: and yet there was very little or none at all of that peculiar irritability, or exhaustion about him which usually succeed the loss of sleep. The pulse was regularly intermittent; every fifth or sixth pulsation losing two beats. This, however, was a natural phenomenon, having always existed from the earliest recollection of the patient. After some days passed in the use of those agents which have been supposed to exert a peculiar influence upon the bladder without the slightest apparent benefit, I concluded to make an application of ung. iod. and hyd. pot. over the whole surface of the enlargement on the supposition that the pathological condition might be pure hypertrophy.

Frictions with the preparation, as strong as could be borne by the skin were made three times a day for a week, when the tumefaction began evidently to decline, but with its subsidence the powers of the system seemed strongly disposed to go down. A very troublesome burning sensation referable to the stomach came on four or five days after my first visit, and continued throughout the subsequent course of the disease, uninfluenced, except temporarily, by medication. On the 28th he had a severe chill followed by high febrile excitement, and subsequent increased debility: nourishing diet and tonics were given freely. The urine continued to pass *guttatim*, with an occasional sudden momentary current, extremely high colored, and generally tinged with blood distinctly. No pain at all on handling or pressing the enlargement, which continued to decline rapidly in size and induration until about the 20th of May, when it appeared to be nearly or quite gone and the iodine frictions were suspended. But with the decline of the tumefied appearance of the abdomen, had the general powers of the body also declined in spite of our utmost endeavors to sustain them. Chills continued to harrass our patient at irregular intervals,

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and always with an exceedingly depressing effect. The burning sensation at the stomach made the introduction of food or medicine very obnoxious to him. Nothing extraordinary appeared in the character of the discharges from the bowels, except that they became more frequent after they were first moved, as above stated, than he had been accustomed to; his habit for years having been constipation. The sleeplessness alluded to already, continued throughout the whole course of the disease, but not so uninterruptedly as during the first ten or twelve days, during which he slept almost literally none at all, and yet the uniform answer to enquiries in relation to the effect of this state upon him was, that he did not feel the want of sleep, or if he did it was very slight. With a regularly increasing downward tendency he remained until the 27th of May, when death, an event which for many days he had been wishing, supervened.

Autopsy 24 hours after death.—The examination was necessarily partial. It was obtained with some difficulty, and being made in the presence of some of the members of the family, was not extended so far as it might have been under other circumstances. Suffice it to say that no very strange developments were made by looking at the organs, which during life had undergone such changes. The bladder was found of the usual size and contained about a half a pint of turbid and fœtid urine, the walls of the organ were slightly thickened, the mucous membrane was entire, but broken up with facility by the fingers. Several lines, varying in width from an eighth to half an inch, appeared upon the anterior part of the organ, extending from various points upon the fundus, and converging to the neck. Their color was black inclining to blue, but on being cut into, the structure appeared as firm as any other portions of the organ. The prostrate gland was enlarged and indurated, especially the middle lobe. Kidneys healthy. Stomach looked well with the exception of the faintest possible blush over a small space on the mucous surface of the great cul-de-sac. Other contents of the abdomen normal. Thorax not opened.

REMARKS, INQUIRIES, ETC.—The first impression made upon the mind by looking at the history of this case, is the painful one, that

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probably the life of a valuable citizen was sacrificed for the want of judicious treatment at the onset of his disease. The symptoms of violent local inflammation were clear and not to be mistaken by any thing short of the stupidity of an inebriate, or the most stultified ignorance: yet not a single prompt energetic measure for its reduction was adopted. Had the bowels been promptly, and freely evacuated, depletion local and general practiced, with the appropriate concomitant antiphlogistic treatment, the consecutive evils which appeared in this case would never have been exhibited, and community, for the present, would have been saved an estimable member, and a most worthy family, a kind husband and father. Such instances (and they are of every day occurrence) call loudly for some tribunal before which individuals who propose to take upon themselves the management of the "ills which flesh is heir to," can be compelled to appear, and give evidence of their capability for the great and responsible work before them, or abandon their pretensions to public confidence.

But there are some points, as I conceive, of especial curiosity to the pathologist in this case; to wit:—

1st. The rapidity with which the organ acquired the extraordinary size; not more than two days having elapsed, before it had attained to dimensions equal almost to the entire capacity of distension possessed by the flexible parietes of the abdominal cavity, and threatening constantly, the safety of the viscera in that cavity, by its bulk and pressure.

2nd. The almost entire absence of pain or uneasiness in the enlarged organ, soon after the operation of cathartics was procured, though subjected frequently to severe exmination.

3rd. The *extreme solidity* of the organ to the feel; pressure making but the slightest impression upon it, though carried to a great extent.

4th. The retention of its great size and hardness, for so long a period after the decline of the symptoms of inflammation.

5th. What were the precise conditions through which the bladder passed? It seems to me, that some strong objections might be urged against the idea that the great increase in size, was simply *swelling*.

6th. Did the iodine and hyd. of pot. have anything to do with the removal of the enlargement?

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ART. 6.—*Case of Inflammatory Articular Rheumatism.* By A. K. HARRISON, M. D.

D. R.; admitted into the Commercial Hospital, December 6th, 1843, æt. 36 years—a comedian—has had inflammatory rheumatism of the joints, for the last 5 years, which has become so severe, that he has not been able to follow his business for the last year. Has been in the habit of taking morphine, and of drinking spirits freely for his pains. Has had "mania a potu," and has been ptyalised. His present symptoms are, great pain in the right hip and elbow, which is increased on the slightest motion. The elbow joint some inflamed; pain in the knees and shoulder; unable to bring his hands into the extended position; does not rest well at night. He was directed 15 grs. of Dover's powder at bed time. On the 8*th*, appears about the same. The bowels being costive, he was ordered 6 cathartic pills. The Doveri to be repeated at bed time.

Dec. 9th.—Cathartic operated; pains in the joints increased; was ordered to be taken every hour, 1 gr. tart. of antimony, with 10 gtts. of laudanum. If too much nauseated, the dose of antimony to be decreased.

10*th.*—Pulse, 100; skin hot; much inflammation and tenderness of the right wrist, left thumb, and right instep, also of both knees. The tart. of ant. has acted pretty freely upon his bowels; was ordered half a tea-spoonful of the wine of colchicum every fourth hour; one grain of opium, to be taken at bed time.

12*th.*—Rheumatism somewhat better; to take the colchicum every third hour, and opiate at bed time.

13*th.*—On the whole, appears better, but he had no sleep last night, although he took two grains of opium. To take one-half tea-spoonful of the wine of colchicum, and 10 gtts. of laudanum, every fourth hour, and an opiate at bed time.

15*th.*—Better. Continued last prescription.

16*th.*—Pulse 96; no rheumatism, except in his right knee; expression of his countenance is better; continue last prescription.

18*th* and 20*th.*—the same report.

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21*st*.—Joints better, but he is very restless, and much distressed in mind; great sleeplessness; colchicum acts too much on his bowels; talks of the theatre, and of his not being able to sustain his part, on account of his rheumatism. To take a tea-spoonful of the ammoniated tinct. of guiacum, with 15 gtts. of laudanum every fourth hour, and an opiate at bed time.

24*th*.—No abatement of the last mentioned symptoms; has great difficulty in articulating his words, and at times, a complete loss of voice.

28*th*.—The last symptoms continued with little abatement until this morning at 6 o'clock, when he died.

Post Obit. Examination.—It is much to be regretted, that there was no examination made, farther than that of the brain, in this case, in which the only morbid appearance found, was a turgescence of the veins, about the origin, so as to produce compression of the eighth pair of nerves.

By glancing at the prominent symptoms of this case, it will readily be observed, with what difficulty we could pursue any thing like a successful course of treatment, from the previous habits of our patient. For, when the opiates were decreased in quantity, decided symptoms of delirium tremens came on; for, he had been accustomed to an enormous quantity of morphia, daily; keeping it in his pocket, the whole time, to use according to his pains.

SURGERY AND OPHTHALMOLOGY.

ART. 7.—*Tenotomy—its abuse, and the results.*—M. Malgaigne addressed to the French Academy of Sciences, Feb. 19th, last, the following communication on the abuse and danger of tenotomy in certain deformities. It presents a picture of what has been boastingly called the operative surgery of the day, little creditable, we will not say to surgical science, but to the operators of the present day, and which, if we may judge from what has been enacted in this country, is no respect exaggerated.

"The Royal Academy of Sciences was informed some years since

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of the alleged primary results of certain operations, marvellous in their nature; their innocence, and in the ultimate consequences which there was reason to hope they would lead to, or which it was said they had in some cases actually led to. Thus, on January 20th, 1840, there was communicated to the Academy the history of a girl, aged fourteen, in whom *fifteen* different tendons were divided at one sitting; and a few months later, this hardy proceeding was quite outdone by another of the same kind, performed on a man, aged twenty-two, in whom *forty-two* muscles and tendons were divided, so to say, at once. In the first patient the object in view was to correct two incomplete luxations of the knees; and the day after the operation, this, it was said, was so completely effected, "that the only remains of the two deformities was a certain amount of permanent flexion of the joints." The nature of the deformity in the second case was not stated, and the result remained to be seen; it was promised that whatever it was, it should be communicated to the Academy at a fitting time.

"Nearly four years, however, have now passed by, and that fitting time has not yet come, and I certainly should not have reminded the Academy of those unfinished cases, were it not that an attempt has been recently made to give currency and credit to a surgical doctrine which seems to me fraught with most dangerous consequences, and respecting which the two facts above alluded to, together with some others, may tend to edify and instruct practitioners. The question is, whether it is allowable to divide tendons and muscles in deformities produced or kept up by paralysis, and without examining that question thoroughly, I shall just state the results the practice has already led to.

"The girl, aged fourteen, who had *fifteen* tendinous sections first performed on her, and was subsequently subjected to *five* others was an unfortunate paralytic inmate of Salpetriere, where she still continues. All her limbs were more or less contracted; she was affected with club-foot, luxations of the knees, flexion of the forearms and of the fingers; she presented an example of almost every variety of deformity, coupled with irremediable paralysis. The luxation of the knees was the first deformity attacked; and whether.

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it is that the operator labored under some illusion, or that the luxations returned after being removed, certain it is that they exist at present. The club-feet were next operated on, but they also remain at the present instant. One of the contracted hands was next dealt with; and the operations were carried no further, merely because the patient absolutely refused to submit to any more.

"What has been gained by those twenty sections of tendons and muscles? Absolutely nothing. Something, however, has been lost; for the patient experiences in both legs, at the point where tenotomy was performed, acute pain from which she did not previously suffer; before the operation on the right hand, she was able to work at her needle the entire day, but now she is unable to work at all. She left the orthopedic wards of the Hôpital des Enfans, 29th June 1840, and two months after this first experiment, the second was instituted on the young man, aged twenty-two, above mentioned.

"This patient was even more impotent and paralytic than the other; all his limbs were bent, and it was proposed to straighten them all. Despite all my researches, I could not accurately ascertain how it has fared with this patient. Every one knows of the operation, but then the results have been carefully concealed from every one. I shall not allude to the various reports circulated on the subject, as I wish to confine myself to what is accurately true.

"But we have the complete history of a similar operation, performed in a similar case by an honorable and conscientious surgeon. The patient was a child, aged 11, affected with paralysis and contraction of all its limbs, but at least retaining the power of inclining the trunk forwards, backwards, and to each side. M. Phillips, misled by the example set him, divided all the contracted tendons, straightened all the flexed joints, and the result was, that, the unfortunate child, straight as a bar of iron, the arms glued against the trunk, lost the limited power of motion formerly possessed by the entire body, and lies on the bed like a dead body, the head alone enjoying motion—a frightful picture on which the mind is unwilling to dwell.

"Between the 1st of August, 1839, and the 1st of July, 1843, six patients affected with paralysis, more or less complete, have been

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admitted into the orthopedic wards of the Hopital des Enfans. In four of the cases there seems to have been general paralysis. One was the girl whose case has been already alluded to; a second remained in hospital six days only; the two others died in the hospital. In the two other cases the paralysis only affected the foot or the lower extremities; one I have been unable to trace; in the other the tendo-achillis was divided, but the club-foot and paralysis remain as before.

I thought it important to communicate these results to the Academy, as it was to this learned body that such contrary results were partly announced, and partly promised. It is time that a due estimate should be performed of these hazardous attempts, and I intend shortly to address another letter to the Academy on the abuse and danger of myotomy in the treatment of lateral deformities of the spine.—[Amer. Jour. Med. Science.

Art. 8.—*Amputation of the entire Scapulum.*—M. Rigaud, Professor of Clinical Surgery at the Faculty of Strasburgh, forwarded to the Academy the model of a scalpulum which he had taken away, along with a portion of the clavicle, from a man 51 years of age. The patient, a grenadier of the Imperial Guard, bore, in 1841, a tumor of the superior portion of the left arm, which necessitated amputation at the shoulder-joint, an operation which M. Rigaud performed. The wound resulting from the operation healed, and the patient was well during eight months. At that epoch an osseous tumor formed in the axillary region, evidently proceeding from the anterior angle of the scapulum. M. Rigaud thought it necessary to take off the entire scapulum along with the external extremity of the clavicula. This laborious operation was performed successfully in 1842; the patient recovered in the course of two months, and has ever since enjoyed good health.—[Bost. Med. and Surg. Jour., from London Lancet.

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ART. 9.—*New Instrument for Crushing Calculi in the Bladder.*—[Mr. Simpson, the ingenious surgical instrument maker in the Strand, describes this instrument in a letter to the editor of the Medico-Chirurgical Review, as follows:—]

Having been applied to a few weeks back in a case where the stone was supposed to be too large to extract without first breaking it, and as the instruments that have been hitherto made have proved useless, in consequence of the difficulty, or rather impossibility of opening the blades of the forceps after their introduction into the bladder, so as to grasp and crush the stone, partly from the great thickness of the blades, and partly from their being fixed together, I have constructed the instrument described in the following lines, from which I consider it will be obvious, that as the blades are introduced separately, and the stone may be comparatively easily crushed, the important and so long desired object is at length attained, namely, of being enabled to break up a large stone, and extract it by fragments, without greater danger than that usually attending the ordinary operation of lithotomy.

This instrument which is for the purpose of crushing calculi that are found to be too large to extract by the ordinary operation of lithotomy, consists of two strong curved, flattish blades, rather more than three inches in length, which, together with the handles, makes the whole length of the instrument about fourteen inches. The blades are introduced into the bladder separately, so as to get round a large stone more easily. After the stone is seized between the blades, they are locked or connected together by means of a button joint, something similar to that of Rigby's midwifery forceps. They then resemble a pair of very strong, large-sized lithotomy forceps. After the blades are locked together, a flattish bar with a small screw cut on the edges, is fixed by means of a screw to one side of the forceps, and passed through an opening made for it on the other. On this screw and outside the handles of the forceps, a washer is first placed, and then the handle with the female screw is put on the bar, and by turning it on the screw bar, the handles and blades are gradually closed together. Should the stone not be very hard, this power may be sufficient to

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crush it, but if not, a slide fits into an opening in the screw bar that serves to close the blades. This slide fixes by means of a screw, in the center, according to the width the blades may be opened, and a drill is passed through the hole in the slide, (in which a screw is cut for the purpose,) and also through a swivel at the lower end of the forceps, almost under the joint. A blunt gorget may be passed into the bladder to guide the drill, and prevent its touching any part of the wound. The handle of the drill is then turned round and round, till it arrives at a stop placed on the drill to prevent its passing beyond the ends of the blades of the forceps, and injuring the bladder, thus boring away the center of the stone, and consequently considerably weakening it. The blades may then be closed by turning the handle on the screw bar, and thus crush the stone to pieces. Should the first hole not weaken the stone sufficiently, the forceps can be opened, and the stone loosed from their grasp, and by moving the stone, and seizing it in a different position, bore another hole, but the probability is, that in most cases, the one hole would be found quite sufficient. The stone having been broken into small pieces, these can then be extracted by the usual forceps or scoop in the ordinary way. The length of the incision in the bladder required to introduce and use these forceps, is not more than that usually made for the ordinary operation in the average of lithotomy cases.

There is also another pair of forceps of about the same length, but with straight blades, and made much stronger, to be used in the same manner as those already described, but so as to enable the operator to crush the stone, without having recourse to the drill at all.—[Braithwaite's Retrospect, from Med. Chi. Rev., April, 1844, p, 576.

MIDWIFERY.

ART. 10.—*Effects of Ergot on the Fœtus in the utero.* By T. E. BEATTY, M. D., Fellow of and Professor of Midwifery to the Royal College of Surgeons in Ireland.

[DR. BEATTY thinks, with many other respectable practitioners, that ergot of rye produces a noxious influence on the nervous system of

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the infant during parturition; and to this effect may be attributed its fatal tendency in many cases, independent of the asphyxia which is evidently produced in other cases by the continued and uninterrupted action of the womb for a certain length of time. Dr. Beatty relates a number of cases, and concludes that in most cases, if the labor be accomplished within *two hours* after the exhibition of the medicine, the bad effects on the child will not be seen: on the contrary when the time exceeds two hours, the danger to the child will be great. "The effects are certain spasmodic conditions of the muscles of the whole body, alternating with relaxation or palsy, and accompanied by evidences of derangement of the functions of the cebro-spinal system," produced, according to Dr. Beatty's opinion, by "a direct poisonous effect on the infant before delivery." After relating a number of cases to elucidate his opinions, Dr. Beatty says—

In the cases just recorded, the condition of the infants was very unlike that of still-born children delivered under ordinary circumstances, and when no ergot had been administered to the mother. *The distinguishing characteristics are, the general lividity of the surface, the universal rigidity of the muscular system, producing the stiffened limbs and clenched hands in those infants in whom life was extinguished; and the remarkable kind of alternating spasm and palsy which supervened in those that were resuscitated.* The nearest approach to this state in new-born children, and that which most resembles it, is the condition in which children are born dead, with symptoms of congestion of the cerebral vessels, in whom it is true, we find the countenance suffused and livid, but the peculiar affection of the muscular and nervous system is wanting. Children presenting this appearance of congestion are usually born after difficult labor; but in the instances above detailed this was not the case, some of them were tedious, but none of them difficult.

That the *fœtus in utero* is capable of being influenced by the circulating fluids of the mother, is proved by the well-known fact, of the communication of syphilis, small-pox, etc., to the unborn child; and that substances taken into the stomach of the mother can effect the infant, is shown by the experiments of Majendie, who found in the

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fœtus of animals the odor of camphor, and the color of madder, with which he had fed the mothers. It is still further established by the case reported by M. D'Outrepont, of a fœtus poisoned by opium taken by the mother.

Admitting this point to be established, it remains to be seen whether the effects described above, and imputed to the direct agency of the ergot of rye, bear any resemblance to the effects produced by the introduction of this drug into the circulation. Upon this point we have very satisfactory information in the elaborate essay of Mr. Wright, already alluded to. Before proceeding to recount the results of his experiments, he takes notice of some of the epidemics of *spasmodic ergotism*, caused by eating bread made of rye containing a large portion of ergot, which visited different parts of the Continent during the last century. This disease almost devasted Freybourg, and overran many of the Cantons of Lusatia, Saxony, and Sweden. According to Videlius, the patients were attacked with spasms and convulsions, accompanied with violent pains, which were said to equal those of luxation, and to be similar in their type. In some instances the patients became lethargic, and when recovering from such state gave respectively signs of stupidity, intoxication, and extreme lassitude, after which the fit subsided for a time. But there generally remained vertigo, *tinnitus aurium*, *nebulæ oculorum*, rigidity of the members and excessive feebleness.

[The effects of this medicine, when introduced into the circulation, may be learnt from the experiment of Mr. Wright.]

It is plain that the longer the time that elapses after the medicine has been taken into the stomach of the mother, the more certainly will its noxious principles be absorbed and mixed with her blood, the more certainly also will these principles be transmitted to the fœtus by the constantly arriving current of blood through the umbilical vein and the more likely will the fœtus be to suffer from their effects. From these observations I think we are justified in coming to the conclusion, that the administration of ergot of rye to a woman in labor is attended with danger to the child, whenever a time sufficient for the absorption and transmission of its noxious properties elapses

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before the child is born; and from the cases above stated I am inclined to place two hours as the limit of safety, and to consider a prolongation of labor beyond that period as perilous to the infant.—[Braithwaite's Retrospect, from the Dublin Journal of Medical Science, May, 1844, p. 218.

Art. 11.—*Puerperal Fever.*—By Robert Storrs, Esq., Doncaster.—[We publish the substance of Mr. Storr's paper, not so much to prove the contagiousness of certain forms of puerperal fever, respecting which opinion there can be very little doubt, but to show the mode by which the practitioner may carry the contagion from one patient to another: and we would particularly call the attention of every obstetric practitioner to this interesting subject. Mr. Storrs thinks that medical men do not go far enough in considering this disease to be propagated by medical men and nurses from one puerperal patient to another. He thinks that it is quite as frequently carried by the medical attendant to each fresh labor-case from some original infectious case, whether of gandgrenous erysipelas, or typhus fever, or of whatever animal poison besides may hereafter be found to produce it. In some cases which occurred in his own practice, he has no doubt that he took it to each patient from a case of gangrenous erysipelas with subsequent abscess, which he was attending at the time of these unfortunate occurrences. And such may be the case of other practitioners. They think that they convey the contagion from one puerperal patient to another, instead of from one common source. They probably lose a puerperal case and immediately take every precaution to prevent a similar occurrence, by careful ablution, and a complete change of dress. Nevertheless the next case of labor is attended with the same fatal result; simply because the practitioner is still in attendance on the case which originally gave rise to the mischief. Mr. Storrs was not only himself convinced of this fact, but wished to ascertain the experience of other practitioners, and for this purpose he wrote to several of those who had met with the disease in their practice. Among the rest to Mr. Reedal, of Sheffield, from whom he received the following remarks,]

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At the time of my attendance on these females who were subsequently attacked, I had under my care a young man laboring under sloughing bubo, combined with erysipelatous inflammation of the scrotum and nates, of a malignant character, which required dressing daily, and which ultimately proved fatal. It may be somewhat corroborative of the supposed dependence of this form of puerperal fever on an animal poison generated by this sore, and propagated by contact, that the sister of the young man, who waited upon him, was seized with erysipelas of the head and face, of a very low, typhoid nature, which terminated fatally in a few days.

It would be unnecessary in me to repeat my implicit belief in the contagiousness of this disease, and its connection with this case of erysipelas; but if further confirmation were needed, I might adduce the circumstance, that immediately antecedent to my taking the charge of the above case of erysipelas, I had met with no cases of puerperal fever, and that upon discontinuing my attendance upon the young man (which I immediately did upon the belief that I was the medium of conveying infection from him to the puerperal cases,) I had no recurrence of the puerperal fever.

I may give it as my opinion, that in all my cases the disease had one common origin, viz., the bubo, and was not communicated from case to case. I should also wish to state that at the same time these cases occurred to me, Mr. Parker, then my pupil, but now resident in Sheffield, attended many midwifery cases, and all recovered well. He never visited the erysipelatous patient. The above cases were not confined to one locality, but were living in different parts of the town, showing that the disease did not arise from any local cause. As I have previously stated I had very strong suspicion, after the first case or two, that I was conveying the infection, but could not discover how until the sister was seized. This was the most malignant case of erysipelas I ever witnessed. I then began to think whether I was not conveying the poison from this source.

[In these as well as in all other cases reported, treatment proved unavailing. Mr. Storrs proceeds to say—]

Three surgeons, residing in the same town, attended the post-mortem examination of a patient who had died from gangrene after an

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operation for strangulated hernia, and were all of them employed in handling the diseased parts. One of them was called from the inspection to a case of labor, which terminated in fatal puerperal fever; he had others in rapid succession. The other two surgeons had also fatal cases of puerperal fever within a day or two after the same inspection. On casually meeting, they mentioned their misfortunes to each other, and were thus convinced of the origin of the disease. They all abandoned practice for a short period, and had no more of it. I would here briefly draw the attention of the reader to the remarkable and striking fact of Mr. Reedal having five fatal cases of this horrid malady in labors which he attended so immediately after dressing a case of malignant erysipelatous disease, and on his leaving off attendance on this case having no more of it, and that neither his pupil even, nor any other medical gentleman in Sheffield, had any instances of it among their labor cases; also that Mr. Sleight had two cases while in attendance on a case of erysipelas; that Mr. Hardey's cases also arose while he was in attendance on a case of sloughing abscess and of erysipelas. And again, that three surgeons were simultaneously the means of spreading puerperal fever from one post-mortem examination of a case of gangrenous erysipelas—a combination of evidence I think sufficient to convince the most skeptical that this disease produces a subtle animal poison, which is instrumental in propagating, when puerperal women are subjected to its influence whose predisposition favours it, a disease in about thirty-six or forty-eight hours afterwards of the most inflammatory, prostrating, and violent character—a disease which stamps death on the features and in the symptoms immediately on its occurrence.

[Mr. Storrs next enumerates a great many cases recorded by different practitioners, all of which prove that each disease had a common origin from some case of erysipelas or sloughing ulcer. He concludes his very interesting paper with the following advice.]

As it is well to be always guarded against such a misfortune, I think it desirable for midwifery practitioners to avoid attending labors in the same dress in which they attend their ordinary patients, especially

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the coat, as this garment must be the one most likely to be the means of conveying fomites; and at any suspicious period, when typhus or erysipelas are prevailing, to carry out the same carefulness even in the after-attendance on labor cases. I should also, after a post-mortem of any kind, or after any operation upon any case of erysipelas, or of typhus, recommend the most careful ablutions of the hands, and for the surgeon to avoid attending on a labor in any part of the dress in which such operations have been performed, not forgetting the gloves, as the hand and arm are the chief instruments of contact. Where, however. the disease has been unfortunately once set up in a practice, an absence from home for a fortnight or three weeks, a total change of raiment, the most careful ablutions, and a perfect avoidance of every case likely to have been the source of animal poison, should alike be adopted by the practitioner.—[Braithwaite's Retrospect from Prov. Med. Jour., Dec. 2, 1843, p. 163.

[In the Provincial Journal for January 13, 1844, p. 287, Mr. Elkington, of Birmingham, relates several cases which in a remarkable degree confirm the previous facts and opinons.]

BIBLIOGRAPHICAL NOTICES.

ART. 12.—*A System of Human Anatomy, General and Special.* By ERASMUS WILSON, M. D., Lecturer on Anatomy: London. Second American Edition, edited by *Paul B. Goddard, A. M., M. D.*, Lecturer on Anatomy, and Demonstrator in the University of Pennsylvania, Member of the American Philosophical Society, Academy of Natural Sciences, Philadelphia Medical Society, etc., etc. With over 200 Illustrations by Gilbert. From the Second London Edition. Philadelphia: Lea & Blanchard. 1844. pp. 607.

IT is certainly highly gratifying to the American Editor, that a second edition of Wilson's Anatomy has been called for in the brief period of two years; and it is certainly not less pleasing to the reader to find several valuable additions to the present issue. The principle additions by the author, are in the chapters on the ligaments, muscles,

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nervous system, organs of sense, and the viscera. The Editor has introduced a preliminary chapter on *Histology*, including the recent views of the formation of the various tissue from cells. This department of anatomy is of the highest importance in forming correct opinions in physiology; and although the subject is still progressive, enough is known to give it great interest, and an elementary work on anatomy would be incomplete without adverting to it.

Public opinion has already declared that Wilson's is one of the best systems of anatomy for the student, belonging to our language. The descriptions are plain and accurate, and so condensed, that while nothing of importance is omitted, the whole subject occupies a comparatively short space, and the student is not bewildered by a useless verbosity.

The illustrations, originally by Bagg, have been copied in the most faithful manner by Gilbert; the whole presenting a beauty and accuracy seldom equalled.

For sale by Messrs. Desilver & Burr, 112, Main Street.

ART. 13.—*A Manual of Chemistry:* containing a condensed view of the present state of the science; with copious references to more extended treatises, original papers, etc.; intended as a text book for Medical Schools, Colleges, and Academies. By LEWIS C. BECK, M. D., Professor of Chemistry, in Rutgers College, New Jersey, and in the Albany Medical College. Fourth Edition, Revised and Illustrated with numerous wood-cuts. New York: W. E. Dean. 1844. pp. 480.

THIS work is intended especially for students, and as a text book for teachers. With this object in view, it is arranged in a condensed form, with copious references to other systems, and original papers. It is divided into ten chapters, embracing the following subjects: Attraction, Caloric, Light, Electricity and Galvanism, Magnetism, Electro-Magnetism, Magneto and Thermo-Electricity, Classification of Chemical Elements, Laws of Combination, Chemical Nomenclature and Notation, Non-Metalic Elements and their Compounds with each

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other, Metalic Elements and their Compounds, Vegetable Substances, Animal Substances.

The above arrangement is, in many respects, a very eligible one; it possesses the merit of anticipating nothing that has not been discussed; and the student is not embarrassed by references to subjects altogether new. Thus, for example, in chapter vii, which treats of the non-metalic elements and their combinations with *each other*, *oxygen* is first introduced; then follows *chlorine*, and next, the compounds of these two substances—hyperchlorous, chlorous, chloric and perchloric acid. The next element is *bromine* and its compounds with the two preceding agents, forming *bromic* acid, chloride of bromine. Then follows *iodine* and its compounds, iodic acid, periodic acid, chlorides of iodine, and bromides of iodine.

In this progressive manner the student is gradually advanced from one subject to another, without anticipating those that are new, until the whole is presented. This arrangement is evidently a judicious one, and cannot fail to prove beneficial to the student.

In 1832, Professor Mitchell published in Cincinnati, a very excellent treatise on Chemistry, in which the same arrangement was adopted, and we believe, properly appreciated by those who had the good fortune to obtain a copy of that work.

Professor Beck's Manual is evidently an accurate and comprehensive system, but its limited extent renders it rather too brief for its professed objects; and we would respectfully suggest the propriety, when another edition is called for, of extending those subjects most useful to the medical student. It is, however, an excellent system, and we do not know one that can fully supply its place. The student, practioner, and lecturer, will find it for brief reference, of great value, and especially, will the student find it serviceable, while he is in attendance upon lectures, and the copious references will greatly facilitate more extended studies. For sale by George Cox, Main St.

ART. 14.—*On Superstitions connected with the History and Practice of Medicine and Surgery.* By THOMAS JOSEPH PETTIGREW, F. R. S., F. S. A., Doctor of Philosophy, of the University of Göttengen, Surgeon to H. R. H. the Duchess of Kent, to the Asylum for Female Orphans, etc. Philadelphia: Ed. Barrington and Geo. D. Haswell. 1844. pp. 213.

IT is useful and instructive to the physician to learn the extent of

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superstition that has heretofore been attached to Medicine and Surgery. Every one *feels* the vast amount of error and superstition that *now* sways the popular opinion of medical practice. The opportunities are so numerous, and the adventurers so reckless, that no department of business or science is so weighed down with false doctrines as that of medicine—a science that above all others remains free from every form of falsehood and deception. But of all others, practical medicine is selected by the ignorant and wicked, as best suited to their nefarious designs; here cupidity revels in unbounded pleasure, and ignorance flourishes in the midst of desolation and death. Truly may we exclaim—

Mr. Pettigrew has compiled a very good view of these superstitions, and presents them in a form sufficiently condensed to answer our purpose, without an *unnecessary* waste of time in its perusal. He treats of Alchemy, Astrology, Talismans, Amulets, Charms, the influence of the mind upon the body, Royal gift of healing, sympathetic cures, etc.

It is in vain that we declaim against impositions in medicine; the subjects of this detestable vice glory in their own shame and ruin. If we point to the miserable emperics, we are scorned as dishonest or as ourselves duped. Still it is our duty as philanthropists to resist, on all proper occasions, the march of empiricism and superstition; and although we may not hope to eradicate the evil, yet some of its effects may be counteracted or mitigated. The language of Southey, quoted at the beginning of this work is too true: "Man is a dupeable being. Quacks in medicine, quacks in religion, quacks in politics, know this, and act upon that knowledge. There is scarcely any one who may not, like a trout, be taken by tickling."

The above work can be had of Messrs. Desilver & Burr, 112 Main Street.

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THE WESTERN LANCET.

CINCINNATI, OCTOBER, 1844.

TO CORRESPONDENTS.

Our correspondents are requested to direct all their communications after the 1st day of November to Lexington, Ky., which will then be the editor's residence. Books intended for review can be forwarded to the care of Messrs. A. T. Skillman & Son.

Messrs. Robinson & Jones, No. 109, Main Street, Cincinnati, are agents for the Lancet, and are authorized to receipt for payments. Persons visiting Cincinnati, or having opportunities of making remittances by private conveyances, can, if they prefer it, make payment to the above named agents; but all letters sent by mail should be addressed to the Editor at Lexington.

Those who are in arrears for the Lancet, are earnestly requested to make immediate payment. A moment's reflection will convince every subscriber of the necessity of paying their arrearages, and we shall expect those who really wish the work to prosper, to give us substantial evidence of their good wishes by making the necessary payments. Those who have been called on by our travelling agents need not wait for a second call, but we request them to remit directly to the Editor, for months may elapse before the agents will again see them.

Where the money is regularly mailed, it is at our risk, and therefore no fears need be entertained of losses, the Post Master's testimony being sufficient evidence that the remittance was made. *Local agents* are requested to make collections as early as possible.

Mr. A. P. Burts is authorized, as a traveling agent, to receive subscriptions, and receipt for money.

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PROSPECTS OF MEDICAL SCHOOLS.—We learn by private information from Transylvania University, that students are coming in rapidly, a larger number being in attendance upon the October lectures, than at any former period. From present indications a large class will be present during the ensuing session, notwithstanding the croaking of some *special friends* of the institution, who have gone far out of their appropriate spheres to injure the School.

In Cincinnati, students are also arriving in goodly numbers, and the prospects of a large class are highly flattering.

We have private information from Willoughby University, that a larger class than at any former session is attending the preliminary lectures, and the friends of the Institution are sanguine that a larger class than any of the preceding will be in attendance the ensuing session.

The Western Journal of Medicine and Surgery, regards the prospects at Louisville as favorable for a large class.

COMMUNICATIONS RECEIVED.—We have received a *Review* of Dr. Stewart's paper, published in the Second Number of the Lancet, but from various considerations we must decline its publication. It is entirely too *personal* in its character for the pages of a scientific journal; and if published we would expect a reply from Dr. S., and this would call forth a rejoinder from the author of the review, and thus we would become accessory to an angry discussion, which we respectfully decline.

CONVENTION OF PROFESSIONAL DENTISTS.—We insert the following proceedings of the Convention of Dentists, for the purpose of placing in the possession of our readers, a knowledge of progress making in this branch of the healing art. The proceedings were conducted with spirit, and unanimity. A constitution and By-Laws were adopted for the government of the Society.

PROCEEDINGS.

In compliance with a call from the CINCINNATI ASSOCIATION OF SURGEON DENTISTS, in connection with other members of the profession in the West, a Convention of Professional Dentists met in Cincinnati, on Tuesday, the 13th of

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August, 1844, at 11 o'clock, A. M., in the lecture room of the Medical College of Ohio.

Dr. James Taylor, of Cincinnati, announced the object of the meeting by reading the circular of invitation.

On motion of Dr. M. Rogers, Dr. Joseph Taylor of Maysville, Ky., was called to the chair, and William B. Ross of Newport, Ky., was chosen Secretary.

The following gentlemen were present, viz:—

JOSEPH TAYLOR,.....*Maysville, Ky.*
J. P. ULLERY,.....*Lawrenceburg, Ia.*
A. D. BIGELOW,.....*Newark, Ohio.*
JAMES CLARK,.....*Lebanon, "*
D. P. HUNT,.....*Indianapolis, Ia.*
G. D. TETER,.....*Ripley, Ohio.*
D. B. WHEELER,.....*Xenia, "*
WM. B. ROSS,.....*Newport, Ky.*
F. E. SUIRE,.....*Madison, Ia.*
J. W. COOK,.....*Cincinnati, Ohio.*
P. KNOWLTON,..... " "
A. BERRY,.....*Raymond, Miss.*
J. B. ROSS,.....*Philadelphia, Pa.*
M. ROGERS,.....*Cincinnati, Ohio.*
JOHN ALLEN,..... " "
H. CRANE,..... " "
WM. M. HUNTER,..... " "
W. J. MADEIRA,..... " "
CHARLES BONSALL,..... " "
JAMES TAYLOR,..... " "

The following gentlemen were present by proxy.

H. THOMPSON,.....*Columbus, Ohio.*
W. BASHAW,.....*Dayton, "*
B. STRICKLAND,.....*Cleveland, "*
S. P. HULLIHEN,.....*Wheeling, Va.*
W. H. GODDARD,.....*Louisville Ky.*
WM. R. WINTON,.....*Dayton Ia.*
B. B. BROWN,.....*St. Louis, Mo.*
W. E. IDE,.....*Zanesville, Ohio.*

On motion of Dr. M. Rogers,

Resolved, That it is now expedient to form a Society for the promotion of Dental Science.

On motion of Dr. J. Allen,

Resolved, That a committee of five be appointed to draft a Constitution for the organization of such a society.

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Dr. James Taylor, moved that said committee be appointed by nomination, whereupon the following gentlemen were chosen, viz: Drs. Allen, Cook, Rogers, Bigelow and Hunt.

On motion, a committee of three were appointed by the chair, as a committee of arrangements. Drs. Teter, Bonsall and Crane, were appointed that committee.

The Convention adjourned to meet at 3 o'clock, P. M., to hear an address from Dr. Rogers.

Afternoon session: 3 o'clock, P. M.

Convention met pursuant to adjournment, when according to previous arrangement, Dr. Rogers delivered the opening address.

On motion, the address of Dr. Rogers was received, to be placed on file, with the proceedings of the convention.

The minutes of the morning session were read and approved.

On motion of Dr. Taylor, the Convention requested the members present to communicate any thing of importance that may have occurred in their practice; also to offer remarks upon the address which had been read.

Several communications were then made, relating principally to the malpractice of filling teeth with mineral paste.

Adjourned to meet at 8 o'clock, P. M.

Night session: 8 o'clock, P. M.

The convention was called to order by the chairman.

The committee on the Constitution presented their report.

Adjourned to meet to-morrow morning at 8 o'clock.

August 14th Wednesday morning 8 o'clock.

Convention met and was called to order by the chairman. Minutes read and approved.

The following officers were then elected for the ensuing year, viz:—

PRESIDENT, JESSE W. COOK, *Cincinnati Ohio.*
1st. V. PRES., A. D. BIGELOW, *Newark, Ohio.*
2d " " JOSEPH TAYLOR, *Maysville, Ky.*
3d " " D. P. HUNT, *Indianapolis, Ia.*
REC. SEC'Y., W. B. ROSS, *Newport, Ky.*
COR. " JAMES TAYLOR, *Cincinnati, Ohio.*
EX. COM. { M. ROGERS, " "
JOHN ALLEN, " "
F. E. SUIRE, *Madison Ia.*
TREASURER, CHARLES BONSALL, *Cincinnati, Ohio.*

The convention having terminated its business by the election of officers, for the Mississippi Valley association of Dental Surgeons, the society was organised by the president elect, Dr. Jesse W. Cook being conducted to the chair by the presiding officer of the convention and Dr. W. B. Ross, assuming his duties as secretary.

On motion of Dr. Bonsall a committee of five was appointed by the chair to draft By-Laws for the government of the society to report at the next meeting. M. Rogers, James Taylor, A. Berry, P. Knowlton and John Allen, were appointed said committee.

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After which an address was read before the society by Dr. James Taylor, upon Medico-Dental education.

On motion the address was accepted and ordered to be filed among the archives of the society.

On motion Dr. Wm. B. Diver of Cincinnati, was elected an honorary member of this society.

On motion a vote of thanks was tendered the officers of the convention for the faithful and impartial performance of their duties.

Adjourned to meet at 8 o'clock, P. M.

On motion, Professor M. B. Wright of the Medical College of Ohio, Professor L. M. Lawson of the Transylvania University, and Professor C. A. Harris of the Dental College of Baltimore, were elected honorary members of this society.

On motion,

Resolved, That the society now suspend its proceedings to hear an address from Dr. J. Allen of Cincinnati.

Dr. Allen then read an address upon the history of dental science, which was on motion, accepted to be placed on file among the archives of the society.

On motion, Drs. Cook, Rogers and James Taylor were elected a publishing committee.

On motion, Dr. Cook was appointed to deliver the opening address at the next annual meeting.

On motion, Dr. Harris of Baltimore, Dr. Brown of St. Louis, Dr. Ide of Zanesville, Drs. Taylor and Rogers of Cincinnati, and Dr. Goddard of Louisville, were appointed to deliver addresses at the next annual meeting of this society.

On motion,

Resolved, That a committee of three be appointed as a board of Censors, to decide on the publication of the papers read to the convention and society. J. W. Cook, Charles Bonsall, W. B. Ross, were appointed that committee.

The committee of arrangements, made a report, which was accepted.

On motion of Dr. Cook,

Resolved, That the Corresponding Secretary, be and he is hereby instructed to give public notice, at least two months prior to the next meeting of the Dental Society now formed, in the newspapers having the greatest circulation in the West, and in the Western Lancet and Dental Journal.

On motion of Dr. James Taylor,

Resolved, That we consider the use of all mineral or other paste in the plugging of teeth, as unprofessional and highly injurious, and that we will neither use it nor countenance its use by others.

Resolved, That we present to the board of Trustees and the Faculty of the Medical College of Ohio, our sincere thanks for their very kind civility in tendering the use of their spacious and commodious rooms, for the accommodation of this convention.

On motion of Dr. Allen,

Resolved, That we now adjourn to meet in the Medical College of Ohio, on the third Tuesday in August, 1845, at 11 o'clock, A. M.

JESSE W. COOK, *President.*

Wm. B. Ross, *Secretary.*

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, NOVEMBER, 1844. No. 7.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*On the Symptoms, Diagnosis, Pathology, and Treatment of Epidemic Yellow Fever, as it appeared in Rodney*, 1843. BY CHAS. B. NEW, M. D., *of Jefferson county, Mississippi.*

It was my desire to have preceded this article with one upon the "Topography of Rodney—the history of the epidemic, and its causes;" and under the latter head to have introduced the subject of contagion; as this now, is a matter of much public interest: but for the want of a correct map, exhibiting the situation of Rodney, I shall defer these subjects, for the next number of this Journal; hoping by that time, through the politeness of Mr. Murray, who is now engaged in taking a sketch of Rodney, I shall be able to present the subject in a more satisfactory manner.

At present I propose to describe the *symptoms* of the fever of Rodney and point out some of its *diagnostic* features—suggest some views upon its *pathology*; the result of observation at the bed side, connected with experiments and *post obit* examinations, made by eminent practitioners: and conclude with an account of the treatment found most successful during the epidemic.

Symptoms.—A remarkable uniformity was observed in the manner which the disease developed itself. Invariably a chill ushered in the attack—pain in the head and back always accompanied the rigor and in some cases preceded it for several days: though many who suffered from the pain in the back, escaped the fever, while those who were attacked with chills were at once regarded, and properly too, as the legitimate subjects of yellow fever. The rigor lasted usually about thirty minutes—the patient suffering from seeming great cold; but this was the result of *morbid sensation*, as the skin to the touch, evinced

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no preternatural reduction of temperature—the pulse now soft, and frequent, and lessened in volume—the tongue coated with white fur.—When the severity of the rigor passes off, the patient is sometimes left with cold extremities—chilly sensations, creeping up the spine—sighing, gaping and with increased pains of the head and back—these symptoms did not, however, last long, reaction in all cases was quickly established. I saw no cases bearing any analogy to those described by Dr. Cartwright, in his treatise on the fever of Natchez, 1823; exhibiting as he frequently found at this period of the fever, and later, the "ataxic condition." The sensations of cold referred to, now alternates with rapid *flashes* of heat; generally commencing low in the back, extending up the spinal column, and suffusing the head, and face—the heat soon now predominates, and arterial excitement becomes general.

The patient is now restless—throws off the covering which the recent chill rendered necessary; and calls for water; the pains previously complained of, become almost intolerable, and often extending to the extremities; causing the patient to exclaim that "every bone in his body seems broken."—In some cases might be observed, a slight coolness of the feet, for six hours after the attack, while the heat about the head and breast, was very much increased. The pulse is now full and frequent, calibre enlarged, and still soft—the eyes now become red, the tongue at this period exhibits no evidences of derangement in the mucous membranes—if any change is perceptible in this organ, it is perhaps a little whitened and enlarged, or broader—no intumescence of any of the abdominal organs, or tenderness discoverable upon pressure, the urine natural—the bowels evincing great susceptibility to the action of cathartics: the skin, after a continuance of high excitement for twelve hours, in some cases, became slightly moist; such cases ended favorably when assisted by proper remedies—inducing free perspiration with which the fever would gradually abate, leaving the patient well in twenty-four hours.

In cases of fatal termination, this condition of the skin lasted but a short time; giving place to increased heat, violent vascular excitement, and dry skin. The pulse more resisting, sometimes corded and rotary—volume unusually large. The whole force of the circulation directed against the brain—the carotids throb violently, the patient anxious, eyes deeply injected, headache, intolerance of light, and delirium; all mark this stage of the disease. Near this period, the stomach become irritable—throwing off all fluids with little effort. Some pain and anxiety is experienced about the præcordia, and violent throbbing of the aorta, may now be observed.

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This remarkable feature in the disease, was in no case that I witnessed, absent:—it was so great in some instances as to catch the attention of the bystander at some distance from the bed. It was always synchronous with the pulsations of the heart; and often displayed a power even greater than that organ. In some instances, a dry *tongue* was observed, in others, furred and cracked in the middle, with red edges. The *skin* harsh and dry—the secretion of the *liver* and *kidneys suppressed*.—About the third or fourth day, a slight yellowness of the skin, generally appearing first in the eyes, then about the *ala nasi*, and upon the breast, was seen—this, however, was not invariably present. In some cases the yellowness of the skin was not discoverable till within a few hours before death—in others not till after death.

Now at this period of the disease the vascular excitement will begin gradually to *abate*—the heat of the skin becomes less—the pulse grow smaller, softer and more frequent, and soon upon this condition, follows jactitation, delirium, and singultus. But in many cases the pulse would resume its natural regularity—beating most tranquilly, and apparantly to time of "healthful music"—the eyes would become dull and wear the expression of one intoxicated—the patient now calm or indifferent to his fate, though generally resting secure in the vain hope of recovery. In this respite from the more violent symptoms of the disease, though soon destined for eternity, all would alike answer, when asked how they felt? "they were better, only weak!" This condition I will call the *stage* of exhaustion, which was invariably present, both in mild and the more aggravated forms. This seeming improvement is only a deceitful calm, which is usuly disturbed by the sudden appearance of that fearful harbinger of death, the black vomit. After this symptom occurred the powers of life would rapidly sink, and generally in a comatose condition within twenty-four hours, the patient would quietly fall into the sleep of death. It may not be amiss to remark here, that up to the period of exhaustion, the lungs, in most cases did not seem to suffer—the breathing all the while regular, easy, and unembarassed.

When the stage of exhaustion approached in the milder form of the fever, or more properly speaking, in those that recover—the febrile excitement ends in a quiet sleep, the skin becomes moist—the pulse is soft, regular, though frequent, head free from pain, eyes less injected—alvine discharges bilious, urine free, sometimes dark—the patient now only complains of weakness, and pain in the back, which continues even after he leaves his bed.

There is no abatement in the arterial excitement, though at an early period there is observed sometimes a moist state of the skin, through

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the entire progress of the case, till the approach of the stage of exhaustion, when the force of the circulation somewhat moderates, but never terminates, only in death or convalescence. The first suddenly announced by the black vomit, while the latter is brought about by the prompt and timely administration of proper remedies.

There were some few cases which terminated favorably within twenty four hours; others that ended finally in health, after a tedious illness; singularly too, evincing little or no functional lesion, with an entire absence of all structural derangement. And, again, others that resulted in death, from a simple *exhaustion of sensorial and nervous influence*, with a normal condition of all the secreting functions. To these I will allude hereafter.

The above is a "plain, unvarnished" history of the symptoms of the fever at Rodney, in its mild, and more aggravated forms. Many cases occurred with peculiar complications, modified, perhaps, by treatment differing somewhat from the general character of the fever; but, in the main, I am sure, the disease, as it appeared in the majority of cases, is correctly portrayed.

Diagnosis.—I had always regarded the views of Dr. Rush in relation to the nature of yellow fever, as correct. With him I had thought the fever in question, was only an aggravated form of bilious remitting fever. The fever of which he wrote certainly differed widely from that which we have just witnessed in Rodney, or he was deceived in its pathology. It is not improbable, indeed, we are in possession of sufficient facts, to warrant the opinion that yellow fever has, within the last twenty years, changed its general features. Be this as it may, I am convinced of this fact, that the yellow fever of Rodney differs in many essential points, from bilious remittent fever. Though closely allied to this class of disease, by the similitude in their origin, by the frequent change of types, often assuming each others character, during an epidemic, and by their having often certain symptoms in common with each other. Notwithstanding these evidences of kindred relationship, they are essentially different in nature, and requiring very different treatment. The most important distinguishing features I shall now point out.

It is truly stated by Dr. Bartlett, that this is a fever of one paroxysm, which as I have before remarked, only ends in death or convalescence.—The difference in this respect is plain to every practitioner. The difference can be made manifest, by reference to the predominant symptoms, and *post obit* examinations in each form of fever. The lungs, in yellow fever, seems free from disease, the breathing easy and natural; in bilious remittent fever, these organs are greatly involved, the breathing irregular,

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oppressed and embarrassed. In yellow fever, the chylopopetic viscera are during the first stages of the disease, in most cases, free from derangement, either organic or functional; but, in the subsequent progress of this fever the secretions of these organs become suspended; while in bilious remittent fever, they bear the *onus* of the disease, the liver, particularly, becoming greatly disordered; its secretions redundant and vitiated. Calomel in the latter, is useful in correcting the lesion of secretion, which follows in all cases; while in the former this remedy cannot force the liver, when its functions are suspended, to resume again their healthy action. Moreover, derangement of the functions of the liver is by no means uniformly present in yellow fever; on the contrary, this organ in many cases, seems in full possession of its functional and structural integrity.

The mean temperature of the skin, is greater in bilious remittent fever; nor does the icteric appearance of the skin which at some period or other, never fails to present itself in yellow fever, scarcely ever occur in the former. The pulse is larger, and in the latter stages of the disease slower than in bilious remittent fever—the discharges from the bowels are first watery in yellow fever, after which, torpor of the intestinal tube follows, when great difficulty is experienced, in effecting any biliary action; while in bilious remittent fever, there is usually much irritation of the mucous membrane of the bowels, with frequent mucous and bilious discharges accompanied with tenesmus. Nothing approaching the nature of the fluid thrown up in the black vomit, have I ever seen, in any other form of disease.

Death in bilious remittent fever is brought about by organic lesions—yellow fever when complicated with any structural disease, which is very seldom the case, is much less likely to prove fatal.

Post Mortem examinations reveal to the eye of the Anatomist the correctness of the above diagnostic signs; exhibiting differences in the morbid appearances as great as those detailed in the symptoms. The *Stomach* is in most subjects free from all evidence of disease; though this organ together with the smaller intestines, may sometimes betray, as all other forms of fever, some traces of inflammation; but this is only the *result* of deragement in the functions of innervation, forming no feature in the pathology of the disease. It was remarked by Gillkrest, as a singular fact, that the ulcerations of the intestines which are so common in typhus, and almost every other form of fever, were never observed in the yellow fever of Gibralter. These ulcerations occur in other forms of fever, in the *ileum*, near that part occupied by the glands of Peyer. Nothing remarkable is found in the large intestines.

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The Liver, when examined will show a greater exemption from disease than can be supposed by those who regard this fever as bilious remittent fever. This organ presents no evidence of any alteration of structure, and after the most careful researches in the anatomical labors of Bancroft, Chevier, Louis, Bone, Ferguson, Gillkrest and Cartwright; no one can, however eager he may be to place the pathology of yellow fever in this viscus, detect any evidence of organic lesion. All that they describe is an anæmic condition of the organ, a discoloration of its surface, and a contraction of the gall-bladder, from the absence of bile. In bilious remittent fever, the liver is often found indurated or enlarged, filled with venous blood, with blackened surface—sometimes so softened as to fall to pieces in raising it upon the hand, at others, its parenchyma filled with pus, or sanies—water within the capsules, and adhesions to the adjacent parts; together with other signs of a high degree of *inflammation*, not unusual—The gall-bladder enlarged and filled with inspisated black bile.

The *Spleen* in yellow fever is generally natural. In bilious remittent fever, softened, enlarged, and of dark appearance. The Kidney, presents nothing remarkable in either disease. The *Bladder* in yellow fever is sometimes contracted.

Now it is a fair deduction from facts, that no lesions of the abdominal viscera can be traced sufficient to account for death in yellow fever. The changes in the liver are as great as any observed in other organs in this disease; and yet they are not equal in degree to those found in bilious remittent fever; which notwithstanding these greater morbid changes is not by fifty per cent. so fatal, as the former disease.

The Chest.—The *Lungs* present nothing remarkable save now and then, as noticed by the "French Medical Commission," and others, circular patches resembling in color the spleen. In bilious fever, these organs are often the seat of most violent organic disease. The *heart*, as observed by Gillkrest, and other British Surgeons, in the epidemic of Gibralter in 1828, was very often the seat of great structural derangement. The discoveries of these gentlemen deserve, in a pathological point of view, the careful attention of the profession. "A change of color, a softening, and friable texture of the heart; together with false polype, were observed in very many cases." The latter appearances were also detected by Dr. Cartwright, in 1823, such evidences of structural disease, I believe are never seen in any other form of idiopathic fever. In bilious remittent fever no changes are noticed; in typhus sometimes flaccidity, and softening of the heart, are detected; but in no other form do such remarkable morbid conditions present themselves as the above.

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In the *brain*, congestions, vascularity of membranes and sometimes water in the ventricles, are noticed—these doubtless, are often the result of inflammation, and they are no less frequently, I presume, the result of cadaveric changes. These changes are not more common in one form of fever than in the other.

The Spine.—The 'French Medical Commission' to Barcelona, supposed the spine the "*fons et origo mali.*" But their morbid appearances were the same as noticed above, in the brain, and are alike uncertain in their origin.

I will notice one morbid appearance, which may be valuable, not so much in establishing the fact, that such changes are not seen in other forms of fever, but on account of the following inference, *i. e.* that we do not properly estimate in our considerations of pathology of disease, the influence exerted by the fluids upon the animal economy. During the Gibralter epidemic 1828, "an infiltration, was noticed, of venous blood in the most uniform manner possible, into the cellular tissue of the minutest fibres of muscles. The whole substance of the muscles which appeared almost *black*, seemed one soft mass, which yielded to pressure between the fingers, as readily as the spleen." In some instances this appearance was confined to one leg and thigh—in others the infiltration extended to one half the body, the diaphragm exhibiting the line of demarkation. These changes must be owing to *diseased fluids*, hastening on the putrefactive process. It is not uncommon to hear of cases turning soon after death, very black, the incipient stage of decomposition taking place even before this period in such. This was noticed in the corpse of Mr. J. Lawton—and it is a matter of regret that the body of Mr. H. Logan was not examined with the scalpel, as I am informed by his father, Mr. W. Logan, that the one half of his body only, was very black, having become so before death. It is scarcely necessarry to remark that such appearances are seldom met with, in any other form of fever.

The above facts I think are sufficient to establish the position set out with, that there is an important distinction to be made, in the pathology of yellow fever, and that of bilious remittent fever. It is very true one not familiar with the disease, who should see a case of yellow fever but for once in any stage of the paroxysm, except the closing scene, would pronounce the case bilious remittent fever. But no one can confound the two after having observed a case of yellow fever, through every stage of its progression, from the incipient chill, to the fatal black vomit.

Apart from the consideration of some facts which led many to believe

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in the identity of these forms of fever, the general character of fever, alone, would render them to the casual observer somewhat analogous. All constitutional disturbance of a febrile nature affects the same systems and organs though not in the same manner in every instance; some organs or systems are affected more deeply in one form of fever than another; yet all are more or less involved in general derangement, during *fever*, from any cause; hence all fevers, must bear to each other, some strong marks of resemblance—still there are shades of difference, the experienced eye can readily detect; differences, produced by the predominance of particular organs or system in the chain of diseased action. The relative derangement of these organs, tissues or systems often determine, the peculiar nature of the fever, and consequently its characteristic appellation; as Hectic, Typhoid, Synochus, Intermittent, Bilious Remittent and Yellow fever. The general phenomena in all these forms of fever are alike; yet each form has its distinctive feature; marking its identity, and directing the practitioner to a difference in treatment. I think it may be admitted that yellow fever, though resembling, as we have shown, bilious remitting fever, does not belong to this class; but is essentially another disease, distinct and separate in its nature from all others.

Pathology. The first impression of the remote cause of yellow fever is beyond doubt made upon the *nervous system.* Whether upon the brain or spinal column, or the ganglionic system as was suggested by Gillkrest and afterwards by Cartwright, it will be difficult to determine, but I incline to the opinion that the brain and spine, are first to receive the noxious agent. A similar view was first, I believe, suggested by Hoffman, extended and improved by Cullen, advocated by Brown, and since adopted by the majority of medical writers. Macculloch has been more fortunate than others, in carrying out the system—in erecting a more finished superstructure, upon the foundation, laid by Hoffman.

I will endeavor to illustrate this view of the subject by the case of my lamented friend, Dr. Savage. On the night of the 28th of September, the Dr. arose from bed, and made his customary professional rounds, and whilst engaged in this duty, he experienced an imperfectly developed chill; upon returning to bed again he was restless and passed the night badly. 29th. This morning some headache and fever, notwithstanding he got up, visited again his patients, and prescribed for them; returned home with increased fever, and again went to bed. He now took an emetic of tartarised antimony, which was soon followed by a warm bath. The combined effects of the remedial agents prostrated him. In this situation I found him soon after: a diffusive stimulant was given, under

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which he soon rallied; followed by fever of moderate excitement; ten grains of calomel was now given. Afternoon, pulse 90; skin rather too warm; tongue clean; bowels moved from the calomel: the discharges natural; he now sits up in bed reading and conversing with ease. 30th. passed the night without sleep; fever continues; pulse about the same; no pain in the head or back; alvine excretions natural; skin moist: tongue but slightly furred. The symptoms now seemed so favorable and no particular indication presenting itself, I recommended nothing, feeling assured there could be no danger, when there is no evidence of any functional derangement. In the afternoon I returned to see him again; he had taken during my absence another dose of calomel, which had an unfavorable effect, bringing away free watery evacuations. This, however, was soon checked, and the bowels again resumed their normal action. 1st Oct. This morning I found him more comfortable, having spent the night pleasantly; still fever; pulse 90, soft and regular; eyes little red, and lachrymose; continues to sit up in bed, read and converse with animation. He now continued in this situation till the 4th, when I perceived there was a slight abatement in the fever; the pulse about 80, soft and of smaller caliber; skin moist; secretory organs performing their functions healthfully. Tonics were now suggested, but fearing the use of quinine, he preferred taking five grains of calomel, and one of opium. I did not insist on the quinine, but consented to his own prescription; believing still there could be no danger. 5th. 2 o'clock, this morning, I was called from the country, where I had gone to see my family, some of whom were very sick; I now found with ineffable horror my friend sinking rapidly, attended with those fearful harbingers of death, singultus and black vomit. I have not been particular in giving the treatment in this case; my object was only to notice the progress of the symptoms, and allude to the general course pursued. The patient was visited by all his professional brethren, and all at different periods of the case prescribed; and all who saw him, wondered that the fever should continue as it did in this case, without any apparent cause.

Now, what is most remarkable in this case, is, the absence of all organic or functional derangement. On the evening previous to the appearance of black vomit, he had a consistent bilious evacuation; a soft skin; pulse but little accelerated; and no pain, uneasiness, or tenderness in the region of the chylopoietic organs. His fever continued without abatement, intermission or remission, till the 5th day, when the stage of exhaustion came on. From this time his strength failed; and he passed away like a lamp burning itself out. This case shows, not only where the morbid impression was made, but moreover the nature of that

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impression, that it was a stimulant; that it increased the sensorial and nervous powers, till they were finally exhausted. It proves also that the disease in this case spent its entire force upon the nervous and vascular systems, without involving any other organs, or systems, or tissues.

I will now notice another case, though differing in character from that just alluded to; it is equally important in showing the seat of the first impression, and the nature of the agent in producing it. James M. Berry was attacked on the 8th of October, in the usual manner, with chill accompanied by great pain in the back; this was soon followed by a violent reaction; the eyes quickly becoming deeply injected, and painful upon exposure to the light; carotids pulsating with unusual vigor; pulse large, firm, corded and bounding. His attendant fearing he would not bear depletion, gave him quinine and blue mass, alternately, with the digitalis mixture; this brought on perspiration, in 3 or 4 hours: but did not last long; the fever continuing all night. Morning of the 9th, fever still high, secretions *suppressed*, and no action from the bowels, or very slight, very improperly, now was given him brandy; fever still violent: delirium, stupor, and clonic spasms of the extremities, followed in quick succession: and he died comatose the next morning the the 10th.

The symptoms denote very great irritability of the heart and arteries, which is present in all cases; as will be further proven by reference to the treatment. In the more aggravated forms of this fever, this morbid irritability is doubtless changed into structural derangement, which may be seen on reference to the post obit examination, as noticed above.

The case of Dr. Hulse is valuable, and highly interesting; and one in point. This case resembles Dr. Savage's, in the absence of any material functional lesion; they differ, however, in this: the latter, displayed greater disease in the nervous and sensorial powers; whilst the former showed greater *irritability* of the *heart* and *arteries*,

Dr. H. was attacked in the usual manner, with chill; this, however, was of short duration, and quickly followed by great vascular excitement during the first twenty-four hours: nothing remarkable presented itself, save a greater susceptibility to the action of cathartics. This, perhaps, was produced by castor oil, which he took in the commencement, leaving the bowels in an irritable condition; free and copious watery purging was the result. In order to correct this, I thought very small doses of calomel with Dover powder would be of service; several powders were prepared, and one of them given—consisting of three grains of the former and two grains of the latter. He took but one before free watery catharsis, was again induced, prostrating him very much. This soon

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gave way to a diffusive stimulant, and afterwards by the use of blue mass the excretion from the bowels, were kept during a tedious and dangerous illness, in a perfectly normal condition. Loss of sleep, restlessness, anxiety of mind, and arterial excitement now were all that were apparent; no pain in the head; no redness of the eyes; nor yellowness of the skin; indeed during the whole progress of the case, there was no evidence of any disease, organic or functional, save high vascular action, which to our surprise continued for eight days, with very little variation, notwithstanding the favorable condition of the secretions. Another most remarkable feature in this case, was the extraordinary and almost convulsive throbbing of the aorta.

During the first four or five days his general strength did not fail him greatly—on the 5th day I think, notwithstanding, at the time there was great heat and dryness of skin; fullness, tenseness, and frequency of pulse; he was able to raise up in the bed and shave himself. But as the sensorial and nervous powers became exhausted, the physical powers gave way, and his strength gradually waned till about the 8th October. At this period, his medical attendants were unable to account for the continuance of the fever, and being myself alarmed at the now perceptible wasting of the powers of life, and having already become satisfied of the inutility of all our previous efforts, to reduce arterial action; I now, at the suggestion of my friend Dr. Todd of Rodney, and Dr. Benbrook from Natchez, waived my objections to the use of quinine. He was now put upon the use of this tonic, and I was agreeably surprised, in witnessing the prompt and happy result. I had never used quinine in active arterial excitement; not being able to reconcile my views of the nature of fever, with what I regarded the modus operandi of this tonic. Like Southwood Smith, who was unable to separate fever from inflammation; though he makes the attempt, only to confound them—I could not imagine the existence of an aggravated form of continued fever independent of functional, or organic lesion of some one or other of the great vital organs. Such conditions I deemed contraindicating tonics; and I still believe, when either of the above morbid conditions exist, that quinine is inadmissible. I was not mistaken in the virtues of quinine, but I was deceived in relation to the nature of fever.

I now think fever can exist when there is a perfectly normal state of the secretory organs; as the above case and that of Dr. Savage will clearly prove. To return to our case. It was not long after the first dose of quinine, 1 gr., before I observed the pulse to lessen in frequency, and on repeating it for several hours, and giving also the Digitalis, we were fortunate in removing the fever entirely.

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Organic lesions do occur sometimes, but they form no part of the pathology of this disease, that is, there are none that are invarably present, or that contribute in determining the nature of the disease: but they are accidental complications, sometimes the results of idiosyncrasy, habits, predisposition of certain organs, or modifications produced by treatment. When organic derangement takes place, and the brain, the spine, or the heart, are not the seat, a favorable prognosis may be formed, for when any of the abdominal viscera bear the force of the disease the more vital organs, by a well known law of the animal economy, are exempt. This fact may be exemplified by the case of Dr. Williams.—This gentleman was attacked in the usual manner; all the fearful symptoms which characterize yellow fever during the first stages of the disease were present, pain in the head, injected eyes, irritable stomach, jactitation, with high arterial excitement, pulse unusually large, firm, and corded. Those symptoms continuing for three or four days, after which occurred inflammation of the kidneys of a most violent character, upon the appearance of this complication the disease assumed a new form, resembling more than yellow fever a severe synocha; indeed yellow fever was merged into violent inflammatory fever—he suffered much from this new complaint—pain in the lumber region and along the course of the uretas intolerable, discharging per urethra for several days a *dark dissolved blood* instead of urine. This affection gradually gave way to the usual treatment, when his recovery was complete. The fortunate result in this case may be fairly attributable to the accidental ocurrence of inflammation. I say accidental, for the reason that inflammations are by no means common; and inflammation of the kidneys less so than of other organs.

This was the only case that I now remember, that exhibited any evidence of inflammation of the abdominal organs. Mr. Wood died of sub-acute inflammation of the brain. H. Logan of phrenitis, and J. Berry of inflammation of the brain and spinal column.

Inflammation cannot be regarded as an essential feature in the pathology of yellow fever, and when its presence is manifest, we are not to look upon it as the cause of fever, but as one of its results. In very few instances was the existence of inflammation suspected in any of the organs, and when this condition did occur, whether in the brain, spinal, cord, heart, or any where else it was the result of reflex action, and not primary affection. Evidence of this may be found in the fact, that yellow fever often kills instantaneously: inflammation is a process which passes through several stages before it can destroy life, and never does destroy life suddenly even when it attacks the more vital organs. Again,

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the absence of all structural derangement in *post mortem* examination of subjects of yellow fever, the sudden manner of death, and the great fatality attending the disease, all attest the correctness of the position taken, i. e., that inflammation occuring in yellow fever is but an accidental complication and forms no part of the nature of the disease.

I shall now close this part of my subject with a brief recapitulation of the morbid events, noticed in the fever of Rodney.

First.—The febrile poison is received by the nervous system, and upon which the full force of the disease is often expended, as seen in the cases of sudden death, and those who seem to die from a *wasting* of the sensorial and nervous powers; without involving any other system in the derangement.

Second.—The *vascular system* becomes involved, and in the general disturbance of the circulation which follows, any organ of the body is liable to receive its undue and misdirected force, producing structural derangement, but this is of rare occurrence.

Third.—The suppression or derangement of secretion, the first a consequence of morbid condition of the blood; the second, the result of disturbance in the vascular system.

Fourth.—A morbid condition of the blood; which may be produced by direct nervous influence, or by impaired powers in the secreting organs.

I have now described the fever of Rodney; pointed out the diagnostic features of this, and bilious remittent fevers, remarked the absence of the structural disease in the chylopoietic organs; noticed the morbid phenomena of the fever as they appeared to the writer: and the causes which operate sometimes in determining the peculiar nature of individual cases. These considerations should direct us in the adoption of proper remedial measures. We should be careful not to suffer a blind adherance to any particular indication, or a love of any favorite theory mislead our judgments, to the exclusion of the consideration of the actual condition of the system. But rather let us explore the whole field of morbid derangement, and concentrate our remedial efforts towards the relief of such systems, or organs, as seem most deeply implicated, and most deserving our special interference. By keeping constantly and strictly in view the above objects, the judgment of the physician must be better able to discern the bearing and scope of the varying symptoms of each case submitted to his care; and his curative plan based on correct principles, must be such as science approves and the moral responsibilities of the profession demand.

Treatment. Before entering upon a detail of the practice found most

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successful in the late epidemic, it may be useful to offer some general remarks upon the course pursued early in the epidemic; before the character of the fever was known. In doing so I would exceedingly regret, were any of my readers to suppose, that I desired in the least, to reflect upon the judgment, or good sense of the faculty of Rodney; who as a body of gentlemen for intelligence, respectability of attainments, and high moral and intellectual worth, are inferior to no faculty in the South.

Some of the physicians may have seen casually a case of yellow fever, but none I believe, had ever observed a case during its entire progress. Dr. Savage who had practiced medicine for twenty years in the town and neighborhood, had never attended a case; nor do I believe any had ever occured in Rodney before. Under such circumstances it is not strange that they should be deceived in the character of the fever before its epidemic features were revealed. Four or five died before its presence was even suspected; subsequently it was suggested by Dr. Andrews that the disease resembled yellow fever, tho' the rest of the faculty refused to admit the analogy.

On the first of October, Mr. Wood dying of the black vomit, and several others following soon after, and the occurrence of seven or eight new cases about the same period, dispelled all doubt upon the subject. Up to this period twelve had died, and about fifteen more were seriously ill with the fever.

The faculty without any exception, at this time looked upon the disease as an aggravated form of bilious fever, and like the majority of physicians in the South in the treatment of that fever, regarded Calomel as the Ægis of safety. Almost every case treated strictly upon this plan, and the greater number were so treated, during the early period of the epidemic, died. This fatality could not have been owing to greater virulence in the febrile poison at the commencement; for several cases as I will hereafter show, were attacked at the same time, but treated differently, recovered. And it was observed by all, when the faculty losing confidence in their first remedial course, and upon adopting another, the disease readily gave way, and few cases resulted fatally.

The different preparations of *opium* were also used at this period, and with fatal effects. It is, I believe, the universal testimony of the ablest writers, from Rush to the present time, that opium in yellow fever is inadmissible in most cases. I think it was particularly so in the fever of Rodney. Nearly all cases exhibited great cerebral disturbance during the violence of the first reaction; added to this, there was in many

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instances, an entire suppression of secretion. *Opium* under such circumstances, could but increase the determination to the head, and prevent the restoration of secretion. Such cases died of congestion or inflammation of the brain.

The free use of the *lancet* was also resorted to, in some instances, disappointing the hopes of the practitioner, in every case, where the calomel and opium formed the chief remedial agents. I heard of but one case, treated with calomel and opium that recovered; and that was a lady who was visited about the commencement of her fever, with her usual catamenial discharges. This perhaps diverted the circulation from the brain, thereby preventing fatal lesions.

It would be unwise to proscribe the use of the lancet in yellow fever, because of its failure in some few cases. The case referred to, in the absence of the menstrual evacuation would have been benefitted by it. Women, generally, particularly near the menstrual period, will bear the loss of blood better than men. The effects of blood-letting are more frequently modified, or varied, by the associate treatment than is generally supposed. These facts forbid my condemning a remedy which, though in the main, was useless, or, unnecessary, was doubtless sometimes valuable.

I have during my residence in the South, for 8 years, given calomel liberally in the treatment of bilious remittent fever; and I do not now remember an instance where I have regretted its use. After my visiting Rodney, during the epidemic, I gave calomel repeatedly in large and small doses; but in no instance, with the beneficial effects anticipated. To remove the ingesta of the bowels, a single dose may at first be given; but after this, I saw no good result from its repetition. It was given at first in large doses, from ten to twenty grains; the faculty becoming displeased with the effect, various doses were tried; but, I believe with no better result. Very small doses were given, as seen in the case of Dr. Hulse, with no favorable effect. After reviewing the cases that were presented to my observation, especially bearing in mind two who died ptyalised, I have come to the conclusion, that calomel in the fever of Rodney, was not only useless, but in many cases highly injurious.

The general indications claiming the attention of the practitioner, may be thus briefly stated; equalize the circulation; reduce sensorial and nervous excitement, when too great; or sustain and support the same, under continued waste; allay irritating of the vascular system, and guard the vital organs against undue arterial action, and restore or correct vitiated secretions.

Emetics.—Immediately upon the attack, while yet the patient was

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suffering with the chill, an emetic of Tartarised Antimony was I believe in most instances, when the case resulted favorably, used. I believe when they were given promptly, and in the chill, they prevented suspension of secretion; which was observed in many cases, who were not treated in this manner. Few died, when the treatment was thus commenced, and a majority of those who recovered took the emetic. They seemed to shorten the chill, restore the equilibrium in the circulation, render the reaction more complete, and increase the susceptibility of the stomach to the influence of other remedies. Since the epidemic of Rodney, in reviewing the valuable essay of Dr. Cartwright, I find I am preceded as well as surpassed in my admiration of this remedy. He says, "in the first stages of yellow fever, or in that which consists in an ataxic or crippled reaction," when the blood is unequally determined, the heat unequally diffused, sensation impaired, and secretion suspended; I found no remedy or combination of remedies which produced such decided effects as Tartar emetic in full doses." He goes on to speak of the difficulty he found in producing an impression on the stomach, by the tartar—the necessity of repeating the dose 3 to 10 grs. every one, two and three hours. I saw no such insensibility of the stomach—one dose of 4 grs. given all at once, was sufficient in all cases; producing free and prompt emesis. The Dr. relied on this remedy principally, and seemed to attribute his success entirely to this, and the use of the lancet.

I never used the emetic in any other stage than the first, and I agree with Dr. C. that their use in any subsequent stage must be hazardous. Great caution should be observed in giving the emetic; care should be taken that its effect be not protracted too long—nor do I think they would be admissible in persons of delicate constitution, or those feeble from recent illness.

Bath.—When the emetic failed to diffuse the heat, and equalize the circulation, the next remedy in order most valuable as an auxiliary, was the *warm Mustard Bath*. After the operation of the emetic, if the feet remained cool, the patient suffered from a morbid sensibility, complaining alternately of heat and cold, he was placed in a bath. From ten to fifteen minutes were generally sufficient to remove morbid sensibility, restore the broken balance in the circulation and establish as well as moderate general excitement. The bath sometimes brought on a general perspiration, which however I believe never lasted any time. The foot bath was used with the view of inviting the circulation from the brain, and inducing moisture upon the skin; and in some instances with seeming good effect. But in all instances I believe the effect was only temporary.

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Cathartics.—I think it important that the bowels in every case should be freely evacuated, as soon after *reaction* is established as possible; but after this period free purging is not desirable. By the early evacuation of the bowels, the ingesta which may prove a source of irritation in the course of the fever, are removed, and the bowels become more susceptible to the subsequent action of medicine: and torpor less likely to occur. After the faculty had become familiar with the disease, and consequently acquired some success in the treatment, a preference for particular purgatives became apparent. Each physician had his favorite, nor can I say that any very decided advantage can be claimed by either in this respect. *Blue Mass*, I think deserves the first place in the list, as it was most generally relied on, and less liable to objection than any other.

As a purgative I thought this remedy better adapted to the state of excitability of the stomach and bowels, than all others. It was given in doses of five grs. every hour, till the patient had taken 30 or 40 grains; at which time, if the bowels were not moved, oil or seidlitz powders sometimes, and in other instances injections were resorted to as auxiliaries. As a corrective of the secretions this remedy was in the latter periods of the epidemic depended on entirely; and I believe richly deserved the confidence of its advocates. But I must not omit to mention that some of the physicians preferred *Castor Oil* as a purgative, given after the manner of the physicians of New Orleans, commencing their treatment with it. I am informed by some, that they used the oil successfully in this manner. I did not observe its effect, but in one case, Dr. H., and that detered me from its use entirely. In the first of the attack in most cases as noticed above, there was great irritation of the bowels evinced by free watery purging. This tendency I thought prohibited the use of oil. In the subsequent stages of the disease, all agreed, I believe, in the use of the blue pill, aided by injections, in maintaining a soluble condition of the bowels, and in obtaining or correcting secretions.

Blood-letting.—Venesection was performed in some few cases with good effect, where in the early stages of the excitement, great injury threatened some one of the vital organs. In such cases, the pulse was full, firm, frequent and corded. In the case of Dr. Todd its effects were very manifest. It was also used in other cases, but with no marked beneficial effect. Upon the whole, blood-letting was not regarded as a necessary remedy in the treatment of the fever of Rodney, and only occasionally resorted to, to reduce undue vascular excitement, when threatening some one of the organs with structural lesion. *Cupping* was more frequently performed than venesection, and with more decided advantage. Topical bleeding from the temples, the whole length of the

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spinal column and over the region of the abdominal viscera by means of cups was repeatedly tried, and in many instances with happy results. Dr. Picket, who was very partial to this mode of blood-letting, speaks highly of the value of this remedy. *Blisters* after cupping, were sometimes applied, and more frequently where topical blood-letting was not deemed necessary, and always with advantage.

Digitalis.—As an auxiliary to the lancet, in cases when this remedy was indicated, and in all others where bleeding was not required, the Digitalis in combination with Spirits Nitre Dulc., Autim: Vin. and Paregoric, was held in high estimation. To allay *morbid irritability of the heart*, and reduce the force of arterial action, direct the circulation to the surface, inducing free diaphoresis; this combination was invaluable, except in cases of great organic lesion. This remedy superceded the use of the lancet, and effected more during the exacerbation than all others.

For several years I have used the same combination, omitting the Paregoric, in treatment of bilious remitting, and intermitting fevers, with singular success. So entirely have I depended upon the Digitalis mixture, in the management of those fevers, that I have seldom resorted to the lancet. I have frequently been enabled by its use to break up a paroxysm in the midst of the stage, by producing free diaphoresis, and during the intermission thus brought about, by promptly giving quinine, I have seen the fever give way, without the recurrence of another paroxysm.

Observing in the case of Miss Sarah Watkins, 12 hours after attack, a slight abatement in the fever, I concluded to try this medicine, with the hope of converting the disease into a remittent, or intermittent fever. The digitalis was given in combination with spirits nitre, and I was delighted with the result. The remission was not sufficiently complete I thought, to warrant the use of quinine, but we had gained something, and I determined to persevere till we should effect a complete apyrexia. It was now given every hour during the exacerbation, and again with good effect; but fever still too high to admit the quinine. The same course was pursued in the third paroxysm and with increased advantage,—the fever going off this time, the quinine was ordered, and after taking for several days this tonic together with blue mass, where the state of the bowels required, she rapidly recovered. Some two or three days after witnessing the effects described in this case, I met Dr. Benbrook, who had kindly come to the assistance of the faculty of Rodney. To my surprise, I found he was familiar with the use of Digitalis in the treatment of yellow fever, and prescribed it with great confidence in all cases, submitted to his care in Rodney. It was now used generally

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in the treatment of the disease, by every Physician in Rodney; and certainly with evident good effects. I have no doubt that Digitalis mixture, omitting the paregoric, for I have always dreaded opium in any form, where there was any cerebral disturbance, is a valuable medicine in the treatment of all fevers; and its success in the treatment of the fever of Rodney, is additional proof of its importance.

Quinine.—This remedy was at the commencement of the fever given liberally, but with no satisfactory results; so fatal was the disease at first under every form of treatment, that the faculty lost confidence in this remedy, as well as all others; but after abandoning the calomel and opium, and again resorting to quinine, which they did, the results were very different, and I may now infer that the first want of success, was no fault of this remedy; besides, quinine was used during the most fatal periods of the epidemic, but given without calomel and opium in several cases, with very favorable results. The case of Proskee attended by Dr. Todd, is one in point. "This occurred when nearly every other case proved fatal. He was attacked in the usual manner; had high fever, pain in the back &c.—After free evacuation of the stomach and bowels, when upon taking about twenty grs. in course of 12 hours, his fever abated; and finally went off leaving him well in three days. Mrs. Wood, attended by Dr. Andrews, also Messrs. Harwood and Mitchell, attended by Dr. Hulse,—all recovering about the same period. In all, free evacuations were first obtained, when by the use of quinine a speedy convalescence was brought about. I think quinine, was highly useful in the treatment of the fever of Rodney, yet I do not think it could have been used with advantage indiscriminately in all cases. When there is no organic lesion, and the state of the circulation seems to threaten none, and an entire exemption from all cerebral disturbance, with a soft pulse and moist skin, I have no doubt, whether in the treatment of bilious or yellow fever, quinine would be advantageous. But when there is any organic lesion, or any determination to the brain, the pulse full, bounding, and tense; I should prefer reducing this violent action, by the lancet, if either of the conditions noticed were present; if not, by the use of the digitalis mixture, after which the free use of quinine becomes necessary.

The case of Berry before referred to, shows the impropriety of using quinine or stimulents in these conditions, and before free evacuation of the stomach and bowels is effected. He was put upon the use of quinine combined with blue mass, which failed to produce free action from the bowels—determination to the brain marked the first reaction—throbbing of the carotids—pain in the head and delirium soon followed: in

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which state instead of guarding the brain from undue arterial excitement, the medical attendant, supposing the individual had been addicted to the too free use of spirits, and apprehending a failing of the powers of life, gave brandy—*coma* and convulsions followed—and death quickly closed the scene.

The case of Mandeville, treated by the writer, is valuble in illustrating the use of quinine and the manner of giving it. This case was attacked with chill, followed by great pain in the head, and back—reaction violent—threatening the brain. He was bled from the arm; blistered on the back of the neck—bowels freely evacuated—after which he was placed upon the use of the digitalis mixture, omitting the paregoric. This was continued in doses of a teaspoonfull, every hour for ten hours; when an abatement in the fever was brought about, evidenced by subsidence of arterial action; less pain in the head—soft pulse, and some moisture upon the skin. The quinine was now commenced, and given alternately with digitalis in doses of two grains every hour—under this treatment the fever gradually gave way, and left him convalescent in three days, from the attack.

Carbonate of Ammonia.—This remedy was used with supposed good affect in irritability of the stomach, which sometimes proved troublesome both in the early, and latter stages of the disease. It was also given in the stage of exhaustion as a diffusive stimulant, and sometimes as a diaphoretic, but never I believe with any marked advantage.

Sugar of Lead.—This I gave in some instances in black vomit; none recovered after this symptom, therefore I cannot say any very decided effect can be attributed to its use. I thought, however, combined with camphor, it relieved the patient of that most distressing symptom, singultus; and lessened the frequency of the vomiting. I have very often used the sugar of lead in combination with calomel, in the common fevers of the country, with the view of correcting watery discharges, which are sometimes very alarming, with fine effect. I gave it with this object, and with good effect, in one case during the late epidemic. It is not generally known, that this remedy may be given very liberally, without producing any other inconvenience than *salivation*. For my acquaintance with this medicine, I am indebted to Prof. Drake whose valuble remarks upon its use in Cholera, I have not yet forgotten.

ART. 2.—*On Tubercles and Phthisis.* By JAMES BLACK, M. D.—Considerable difference of opinion still exists among pothologists as to the generation and development of tubercles, as found in the lungs—whether they are the physiological result of a low inflammation, or are a peculiar

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deposit from the blood, formed by the aggregation of certain morbid or semi-organized molecules, or whether they are an abnormal growth, of the nature of hydatids. Their primary localization is also unsettled. Gerber considers these deposits may arise from any arrestment in the capillaries of the lungs, by which an exudation of the *plasma* or *liquor sanguinis* takes place through the parietes of the vessels into the parenchymal tissue, and so the tubercles are formed—thus making them a mere exudation of albumen, if not of fibrinous globules. Lugol considers their formation to be an *epigenesis*—organized matter capable of nutrition, similar to parasitical growths in other parts, such as in the case of hydatids, intestinal worms, and *pediculi*. All these parasitical complaints are held to be much more frequent in scrofulous habits than in others; and he denies that tubercles begin to soften first in the centre, but equally throughout—being previously quite homogeneous in their texture. As a proof that tubercles are endowed with vascularity, Lugol has met with two instances of hemorrhage in their interior; and, according to his latest opinions, tubercles are no more to be looked upon as devoid of blood-vessels, than the pleura or the white matter of the brain, when congestion or inflammation does not exist; but where vessels are easily detected by the naked eye in all of them, when these phenomena take place.* Dr. Kingston also argues for the vascularity of tubercles, and cites, as an analogous proof, the *supposed* non-vascularity of articular cartilage, which, he says, has now been proved to be supplied with blood vessels.† In this, he may be said to overlook the ready development of vessels in textures normally corpuscular, or only endowed with cellular permeability. In opposition to these views, many pathologists, especially in this country, consider tubercles to be composed of inorganized matter deposited from the blood on the mucous surface of the air-cells, and, not unfrequently, in the parenchyma of the lungs. It also follows, that as no change can originate in the organized matter itself, so the solidified tubercle can only be affected through the agency of the parts around, or in contact with it. These latter opinions are founded, principally, on the anatomical researches of Dr. Carswell; and Dr. Watson adopts them to their full extent, while he agrees with Lugol, that the formation of tubercles is closely linked with the scrofulous diathesis.‡ While the miliary tubercles are considered by Andral as the pulmonary vesicles rendered hard by chronic *inflammation*, others, fol-

*Lugol's Lectures, by M. M. Bennett and Guiet; Medical Gazette, Sept. 24, 1841.

† Medical Gazette, November 26, 1841.

‡ Lectures in Medical Gazette, vol. xxix.

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lowing Dr. Carswell, continue to attribute them to a secretion from the blood, not of tubercular matter alone, but of also of a portion of its albuminous fluid, forming a transparent matrix or cyst for the more solid deposit. Dr. Watts seems to hold the modified view of tubercles being of an intermediate nature between pus and coagulable lymph, first solidifying, then softening.* That tubercles are the pure result of inflammation is now rarely entertained; but the more modern phraseology is, that they are the result of a perversion of the ordinary process of nutrition; and that the existence of the scrofulous diathesis occasions that to be deposited as inorganizable albumen, which, in a sound state, would have taken on the form of organized fibrine.† Dr. Campbell, moreover, in his late *Observations*, infers, with some French physiologists, that the pulmonary capillaries are of smaller dimensions in individuals of strumous habits, than in those of a healthy constitution. This is the predisposition which arrests the imperfectly organized globules in the lungs—a deposition therefore takes place in the pulmonary capillaries, followed in process of time by a reaction, explosive of the disease. M. Louis, in his admirable article on Phthisis, in the *Dictionnarie de Médeceine*, lately published, takes a review of all the theories existing on this subject, and considers objectionable that of tubercle being the result of inflammation, or of being nothing but concreted pus, having its seat in the venous capillaries, according to Cruveilhier and Lallemand. He considers the semi-transparent granulation or miliary tubercle as the first degree, or the nucleus which is developed into the crude tubercle; and, on the whole, he seems inclined to attribute some vascular organization to these bodies. The article is a most valuable one, and deserves translation into our language.

Notwithstanding the continued hopeless fatality of tubercular phthisis in general after all the progress that has lately been made into its *genesis* and the intimate analysis of its morbid products, still we may say, we are advancing in the more correct appreciation of those cases, in which a lamentable issue is to take place, through the means of our stethoscopic diagnosis. The more perfect knowledge of the predisponent causes and the incipient condition of the disease is, by degrees, leading us to a more scientific application of preventive measures, and especially, by correcting early aberrations in the nutritive organs. The use also of respirators and of artificial local atmospheres, as recommended by Mr. Jeffries,‡ if a timely removal to an appropriate climate cannot be

* Dublin Journal of Medical Science, March, 1842.
† Carpenter's Physiology, p. 497.
‡ Medical Gazette, vol. xxx.

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accomplished, are also thought more worthy of attention. It would also appear from Liebig's late investigations, that a diminished supply of oxygen from a warm and moist atmosphere would tend to diminish the amount and severity of pulmonic disease.* Mr. Gilbert in his lately published work,† while he considers, like several of his predecessors, the *fons et origo* of the disease to be owing to inorganizable matter being conveyed into the blood from a defective or perverted nutritive process, strongly insists on a judicious regime and diet in youth, especially where there is phthisical diathesis in the parents. To detect the earliest invasion of the disease, which is the most difficult point in our stethoscopic diagnosis, he recommends M. Fournet's very discriminative attention to the respiratory murmurs, and especially to those of expiration, which are increased both in duration and intensity, while the inspiratory murmur is increased only in intensity, but diminished in duration.

The occasional discovery of cicatrized cavities in the lungs, such as are related by M. Payan, of Hotel Dieu of Aix, and by Dr. Stokes and Graves, has moreover stimulated some to continue the use of empirical remedies, even in the advanced stages. Among these we have the *proto-iodide of iron* and the *ol. asphalti*; while, in the early periods, we have the pure alkalies highly recommended by Dr. Campbell,‡ and repeated emetics of *ipecacuanha* by Dr. Durant,§ after the old plan of Dr. Morton. We must not here forget the very elegant arsenical cigarrettoes, invented by M. Trousseau, which, in these days of *fumomania*, might be easily and effectually adopted, instead of glass inhalers or other stationary apparatus, which are seldom perfectly managed by delicate and nervous patients.

Some of our French brethren are not very sanguine, that the light of modern science will add much to the cure of phthisis; and M. Paris, Haute, Saone,‖ even says, that since the discovery of auscultation and percussion, the disease is in general more rapidly fatal. He attributes this to an early decided prognosis, whereby the patient is at once put upon a medicated diet, by which the blood becomes sooner impoverished; for he considers the very essence of the disease, to be a poverty of nutritious principles in the blood—that its character is chronic, and that its

* Liebig's Organic Chemistry of Physiology and Pathology, p. 23.

† Pulmonary Consumption; its Prevention and Cure, established on new views of the Pathology of the Disease, London, 1842.

‡ Op citato.

§ Medical Gazette, December 31, 1841.

‖ Bulletin Général Thérapeutique, September, 1841.

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more irregular and rapid progress is owing to the employment of an antiphlogistic treatment, to a dietetic regimen, or to a milk and mucilaginous diet, producing an atony in the digestive organs, and also to the depression of the active moral sentiments. He also cities some cases where a generous diet and dissipation of time, with travelling, produced a cure or lengthened course of the complaint. I may here remark, that some late statistical inquiries have tended to stagger the popular, if not medical opinion, as to the greater prevalence of phthisis in some climates, and among some classes of people, who were thought very obnoxious to the disease. A writer of a very elaborate article in the *London Medical Gazette* has endeavored to show that, from statistical returns, "it is neither inequability of temperature, nor the frequency and magnitude of the variations in temperature to which a country may be subject, that has any effect in the production of phthisis;"¶ and Mr. Noble, before the statistical section of the last meeting of the British Association, has deduced some observations, in which some few others concurred, that the deaths from consumption, in the factory district of Manchester, were actually fewer in proportion to the deaths from all causes, than in the agricultucal county of Essex, being as four to twenty-one in Essex, and three to nineteen in Manchester; and finally, he showed that a smaller rate of mortality from this disease, compared with the number of deaths from other causes, existed in the Manchester district, than was to be found in the rural parts of the country.—[Amer. Jour. p. 446, from Retrospective Address, in Trans. of Prov. Med. Association.

SURGERY AND OPHTHALMOLOGY.

ART. 3.—*Trephining in Injuries of the Head.*—Dr. Laurie and Dr. King, in a paper published in the *London and Edinburgh Medical Journal*, give the following rules for the operation of trephining in injuries of the head, when there are present profound coma, paralysis, and other symptoms of severe cerebral lesion, as the most rational, and best supported by experience. 1st. When the shock has passed off, and the patient is in a condition to bear the operation, we should operate where the state of the bone is such as would warrant interference in mild and less urgent cases. In other words, symptoms of severe compression should not prevent us from operating in those cases in which the state of the bone, irrespective of cerebral symptoms, seems to warrant the operation, although our hope of benefit from the operation is very slight.

¶ Medical Gazette, July 1, 1842.

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In such cases, we ought not to expect that removal of depressed or comminuted bone will take with it the symptoms of compression; all we can look for is, that it will render the injury less complicated by removing an obvious source of irritation. 2dly. Where we have good grounds to suspect extravasation, we operate to give vent to the offending fluids; here, also, our hope of benefit from the trephine is very slight. 3dly. In all other cases of this class of injuries, they think it good surgery not to interfere, and it appears to them that nearly the same rules apply to those cases in which symptoms of concussion are united with compound fracture. If the state of the bone *per se* demand interference, we ought to operate, to take away a source of irritation, not in the hope of removing the symptoms of concussion. In all other cases complicated with concussion, we ought not to interfere. Dr. Laurie and Dr. King express their opinion strongly relatively to the use of the trephine; they say that it would not have been greatly to the disadvantage of the patients admitted into the Glasgow Infirmary if a trephine had never found its way within its walls. Like all other operations, however, it is too often tried as a forlorn hope in hopeless cases; and, in the more favorable, is delayed until the proper period for its performance has passed. They believe that there are not many cases in which it can do good; but, if these were but properly selected, and promptly and effectually operated on, statistics would show fewer operations, and not only relatively, but absolutely, more recoveries.—[N. Y. Med. Jour., from the London Med. Times, p. 269.

ART. 4.—*Remove the whole of an Organ affected with malignant Diseases.*—If there be a scirrhous tumor imbedded in the gland of the breast, and you remove the tumor, together with the part of the breast in which it is situated, leaving the remainder of the breast, according to my experience, the disease is certain to return; and this corresponds to a rule which I think applies to all cases of malignant disease—that is, that you have no security against the return of the disease unless you remove the whole of the organ in which it is seated. For instance, if there be fungus hæmatodes of the bone of the leg, the patient may have some chance if you amputate the thigh above the knee, but none if you cut through the tibia below the knee. If there be malignant disease of the femur, you have very little chance at all, unless you think it expedient to take out the thigh-bone at the hip-joint. I say, therefore, in cases of scirrhous tumor of the breast, if you perform the operation at all, where the tumor is imbedded in the breast, you must remove the

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whole of the organ. You may imagine that this is a thing very easy to be done, but you will not find it so in reality; for, in amputating the breast, in a thin person, you will be very apt, if you are not extremely careful, to leave a small slice of the gland of the breast adhering to the skin, and I have no doubt that this small portion may, in some cases, form the nidus of future diseases. The color of the gland of the breast varies little from that of the surrounding adeps, the hemorrhage causes confusion, and you must be careful, in the dissection, to keep the knife near the skin, not near the breast. But, in addition to this, in every case when you have taken out the tumor, you should examine the surface, and see whether every part you have removed is covered by healthy adeps. If it be not, look on the middle of the flap of the skin, and see whether any small portion of the breast has been allowed to remain there.—[Ibid. p. 269.

ART. 5.—*Irregular and Decayed Teeth.*—Some times immense mischief arises from the irregular growth of the teeth, and patients have even lost their life in consequence of it. My friend, Mr. Nasmyth of Edinburgh, a most accomplish surgeon and dentist, who took the right way of studying his profession, having been for years a demonstrator of anatomy, met with the following case:—an old friend applied to him with an extensive abscess of the cheek and great swelling of the face and jaw, the abscess extending down to the clavicle. His mouth could not be opened, the inflammation locked the jaw, and the patient ultimately died. On a *postmortem* examination it was found that the cause of the whole mischief was the wisdom-tooth growing forward and lying horizontally instead of perpendicularly. This is a rare case, but it shows you that much mischief and serious consequences may arise from a trifling cause.

From the decay of the teeth you frequently find great mischief arising in the neighborhood. Many cases of ulcerated throat are caused by the presence of stumps, the affection being propagated along the lining membrane. The disease is kept up by, and cannot be removed till the causes are removed. Ulcerations about the lips and nose sometimes arise from disease about the incisors, or are kept up by it. I recollect the case of a gentleman who came from the West Indies to be treated for an ugly ulcerated tumor on the cheek. Very active measures had been adopted in the island where he resided. He had had the part cut out more than once, and corrosive agents applied in all sorts of ways. Recourse had been had more than once to the actual cautery. On the last occasion the surgeon had made him put a lime, a fruit like a small lemon, in the

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cheek, to distend it, and make the disease more apparent, and then a red-hot skewer was thrust into the bottom of the wound. Still it did not heal, and he came here expecting to have some dreadful operation performed for the relief of his malady. The whole case depended on a decayed tooth in the upper jaw: it was taken out, and in a week he was well. He would have recovered at any period of the disease if that tooth had been attended to.—*Liston's Lectures.*

MIDWIFERY.

ART. 6.—*On the mode and proper time for making examinations per vaginam, in cases of Labour; and on the Premature Rupture of the Membranes.* By CHARLES CLAY, *Member of the Royal College of Physicians.*

So simple do these questions appear at first sight, that one would fancy it next to impossible that contrary opinions should be expressed upon them; but such differences have existed, not only as to the mode, but also as to the time, when such investigations ought to take place, in order to secure the objects for which such enquiries are set on foot. The conducting of the investigation (simple as it is) is often the making or ruining of the prospects of a practitioner: females will not have their ideas of delicacy outraged twice by the same individual, if they can by any means avoid it. There is scarcely any point of the obstetric art that so soon detects the ability or ignorance of the party employed, as examinations per vaginam. The well informed accoucheur will conduct his enquiry with the greatest delicacy possible, and generally, at the first examination, will not only fully satisfy his own mind of the particulars of the case, but be fully prepared to meet the exigencies, whatever they may be, by prompt measures, and at the same time gain the confidence and respect, not only of the patient, but, of those in attendance, who are at all times alive to the conduct of the accoucheur, and whose eyes and ears are ever open to criticise; whilst no ill consequences ever arise from the investigations properly conducted. On the contrary, an ignorant practitioner is often indelicate in his proceedings, and his want of knowledge obliges him to make frequent examinations (where one ought to serve,) often leaving his mind as much in the dark as before, whilst the frequency of his attacks not only irritates the patient and her attendants, but seldom fails to be productive of more or less mischief to the parts concerned in parturition.

A knowledge of the part presenting, the state of the soft parts, and

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the peculiar features of the pelvis, are circumstances of the highest importance at all times, for the accoucheur to be acquainted with, in his early connection with the case. It is true, that the vast number of natural and easy labours, in comparison with those where some difficulty presents itself, would lead to the supposition, at first glance of the subject, that vaginal examinations need not often be instituted; it is, however, the uncertainty that exists in all cases (even when preceded by frequent easy labours,) that renders such proceedings imperatively necessary.

As my object in these, brief remarks is, simply, with the *operation itself*, I will not enter into any lengthy arguments on the cause and results of such enquiries, but first direct attention to the mode, and afterwards the time, to be selected. The objects of such investigations are too manifest to dwell upon, since upon them depend all the future management of the case, however simple! however extraordinary!!

It is not usual to make examinations, until the process of labour has considerably advanced; but it can never do harm, and may be productive of much good, to have an early acquaintance with the case, and be timely prepared with means to contend against the difficulties that are likely to take place; otherwise, circumstances might suddenly occur, which, if the party did not possess a very ready presence of mind, would confound him no little. The most suitable mode for instituting an examination, is that under which the patient feels most comfortable, and the practitioner is enabled to pursue his object with the greatest facility; and that is, most undoubtedly, when the patient is lying on her left side, with her back close to the bedside, and her knees doubled up, and brought as near the chin as may be, the accoucheur sitting at the bedside with his *right hand* to the patient; and here I have to express my surprise, that some authors, even the most modern, advise (when the patient is in the above position) the use of the *left hand;* how this can be made more convenient than the right hand, I am quite at a loss to conceive. I maintain, there are other reasons why the right hand should be the operating hand, independently of the convenience which I think must be too manifest to admit of dispute; and yet the talented Blundell and Ramsbotham advocate the left hand. The other reasons are:—1st. cleanliness; for, if the left hand is made use of, the patient cannot be confined so neatly to the limits of the bed;—2d. the acuteness of touch is more prominent in the right hand;—and lastly, when strength is required, the right hand is decidedly to be preferred;—of course, *the last point has no reference to mere examinations.* To use the left hand, must be exceedingly awkward. I cannot deny, but that I have used it; but it was in consequence of an

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accident, some years ago, rendering me incapable (for some weeks) of using the right hand. The position of lying on the left side is, I believe, pretty generally adhered to, nevertheless. It is the custom of some countries to adopt different usages: such as the recumbent, sedentary, and, it is said, in Ireland, on hand and knees, or what is vulgarly called, *all fours*. Indeed, in this country, there are yet some antiquated practitioners, who adopt very indecent positions for their patients. It is to be hoped, however, for the credit of the art, these are but few, as the practitioner must ever feel uncomfortable where indecency is practised, and if so, how much more must the females present (particularly the one exposed to such a fate) feel. Females themselves often have strange notions of the position they prefer for labour, and will frequently state their inability to go through it in any other way: absurdities which the practitioner cannot overcome without some little firmness. In instituting examinations, some have advised one, others two fingers; some the index, others the long, or what is commonly termed, the middle finger (that is counting the thumb as one.) I am, I confess, old fashioned enough to agree with Smellie, that one finger, and that the index finger is not only the best, but in every way capable (as far as the touch is capable) of accomplishing all we require to know. I am also disposed to agree with the same antiquated author, in maintaining that two fingers are not only inconvenient, but unnecessary, occupying more space than there is sometimes to spare, and often giving more pain than attends the exploration with one finger only. I question, too, if the perception of touch is not more confused with two fingers, and consequently more liable to lead to error. As a question of room, one finger must be preferable; if I had to reach the ear, and found some difficulty in getting one finger between the pubes and head of the fœtus, *with two it must be still more difficult*. That two fingers, in cases of first labours, often give unnecessary pain, no one will, I imagine, deny; and, therefore, they are objectionable on that point. On the question—which finger, supposing *one only to be used*, I should say, the index is immeasurably superior to any other. It is certainly shorter than that which is termed the long finger; but that is more than compensated for by its freedom from connection on the thumb side; whereas the fingers, on either side the long finger, reduce its exploring powers infinitely below that of the index finger.

The time when examinations should be instituted, has been debated at great length; in my opinion, with a well informed accoucheur, it matters little whether he examine during the presence or absence of a pain. If the pain be present, he knows how liable the membranes are to be ruptured prematurely, and the evil consequences thereof, which

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are far from trifling. If the pain be absent, he can ascertain very correctly *how far the labour has advanced.* If present, by its force, pressure, &c., he can form a good idea of the probabilities likely to occur, and when. A careless person, by examining during a pain, may not only rupture the membranes prematurely, but lay himself open to difficulties, that would otherwise never occur. First, he loses all calculation as to the probable conclusion of the case; secondly, he converts an easy into a difficult and tedious labor. It is a practice with some practitioners, to rupture the membranes very generally, when they have an opportunity, *to save their time as they suppose.* This is a most pernicious and unwarrantable mode of proceeding. I grant, that in many cases, quick delivery may follow; but taken as a whole it loses more time than a contrary practice. I feel quite certain, that it ought not be practised in first and second, and I very much doubt the good result in third, or even fourth, labours. In females, who have had frequent births (*say any number above four or five,*) the rupturing of the membranes, when the dilation is sufficient, will, no doubt, expedite delivery; but I have seen cases, after eight or ten children, retarded by this practice: these certainly may be few; nevertheless, it shews that the premature rupture of the membrane is often a more serious evil than is generally supposed. I may mention, also, that I have seen two or three cases in my practice, where the membranes were so morbidly thickened, and so strong, that no efforts of nature it is presumed, would have been able to rupture them, and even by artificial means it was not so very easy—(see *Lancet*, vol. II., 1839 and 1840.) With regard to the question of touch, two objects are to be kept in view:—1stly. *What progress has labour already made?* —2ndly. *What prospects are held out for the future managemeot of the case?* The former can only be ascertained *in the absence* of a pain; the result of previous efforts may be *correctly ascertained;* afterwards, during the *presence of a pain*, its force, duration, pressure of the soft parts, and capabilities of the pelvis, will enable the practitioner to form a tolerably correct idea of what the case may be.

In first, and sometimes in second, labours, the accoucheur has to overcome the feelings of delicacy to a certain extent, to accomplish his object. At this period, I adopted the following plan, which, from practical experience, I find the best: 1stly. I make my advances, for an examination, to an extent of bringing the hand in contact with the external parts *during a pain;* but I proceed *no farther until the pain is gone off*, when I ascertain what the natural efforts of labor have effected. —2ndly. *That gained*, my next intention is to measure the force, length, and pressure of the expulsive efforts, and, combining that information

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with the state of the parts concerned in parturition, I *judge of the future;* for which purpose, I keep my hand in perfect quiet, and without withdrawing it, *wait the return of a pain,* when all the necessary enquiries are easily made. Where the female has had many labours, there is no difficulty in proposing examinations wherever it may be required; *indeed, they rather solicit the enquiry.* In the experience of young females, particularly first labours, the advances will always be best made during the pain.—first, in the *absence,* and subsequently in the *presence,* of pain.—[London Med. Times.

ART. 7. *Lactation, its Influence on Conception.*—Dr. Loudon, in a work on the law of population and subsistance, propounds the theory that the laws of nature require lactation to be prolonged for three years, and expresses an opinion that the antagonism between the uterus and mammæ is so great as usually to prevent conception in women who have infants at the breast. This opinion, however, does not accord with the facts stated by Mr. Roberton, and is even more decidedly at variance with the results arrived at by Dr. Laycock. Dr. Laycock states that 135 married women yielded 209 pregnancies during 766 lactations, or 1 pregnancy in 3·66 lactations, or 27 per cent. Those 209 pregnancies occurred in 76 females, that is to say 56 per cent. became pregnant while suckling; but in 30 of these pregnancy under these circumstances occurred only once. If, therefore, they be deducted, there remain 46, or 33·9 per cent., or nearly 1 in 3 who became pregnant on more than one occasion while suckling; and 19 of these, or 1 in 7, had always (after the first pregnancy) conceived while suckling.—[From the British and Foreign Medical Review, April, 1844.

ANATOMY AND PHYSIOLOGY.

ART. 8. *Escape of ova independent of Fecundation, and the connection of this with Menstruation.*

Each act of menstruation is connected with the maturation and discharge of an ovum. Numerous cases in proof of this are related (in addition to those formerly recorded by him, and by M. M. Gendrin, Negrier, and others,) by Dr. Robert Lee; others by Mr. Girdwood. M. Raciborski has four times found that ova had been recently discharged from the ovaries of virgins who died at or near the period of menstruation; and Bischoff has also four times found Graafian vesicles, containing effused blood, in girls who had recently menstruated.

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This menstrual discharge of an ovum is said by Raciborski and Bischoff to be followed by the formation of a corpus luteum, similar to that which is formed when the ovum is impregnated and developed. [But in this I have no doubt they are mistaken, If it were so, one or more corpora lutea should be found in the ovaries of all who die while the habit of menstruation continues: for the *corpus luteum* which forms when impregnation has taken place, is distinct not only through the pregnancy, but for more—often much more—than a month after delivery. Neither are the cavities which are left after the menstrual discharge of ova, or the processes by which they are closed, at all similar to those found when impregnation has taken place. In many examinations of ovaries I have not yet seen a case in which, without impregnation, any thing has been found which could be mistaken for a *corpus luteum* formed after an ovum has been discharged and impregnated.] Mr. Girdwood believes that the cicatrices left after the discharge of menstrual ova may be counted, so as to indicate the number of ova discharged and the number of times of menstruation. [But recently I have examined a case in which a girl of seventeen had not menstruated for four months before her death, but previously had menstruated regularly; the ovaries showed no cases of cicatrices. Probably, therefore, the cicatrices remain for a time distinct, but are gradually obliterated, as they are in the nearly analogous case of the discharge of Peyer's and solitary glands of the intestines.]

3. The menstruation of women in so far as the periodical maturation and discharge of ova is concerned, is analogous to the *heat* or *rut* of animals. The phenomina, according to Raciborski, may be most distinctly seen in the sow; but in all the domestic mammalia at their period of heat one or more follicles attain their highest degree of development, project upon the surface of the ovary, and at length burst with hemorrhage into their containing cavities, and this whether copulation have taken place or not. Bischoff has also repeatedly found the same things occur in bitches and rabbits whose uterus and tubes have been extirpated: they have heat, the ova mature and detach themselves and pass into the remaining portion of the tube, but of course cannot be impregnated.

4. The discharge of the ova and their passage along the tubes are independent of impregnation and the passage of the seminal corpuscles. This is evident from the facts already mentioned; and others are furnished by Bischoff. In one experiment he kept a bitch carefully secluded till the period of heat ensued. She then copulated once, and immediately after he extirpated the left uterine horn, ovary and ovi-

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duct. The copulation had lasted a quarter of an hour; and he found that the semen had penetrated to the upper angle of the uterine horn; but not into the tube. He found also five ova in the oviduct more than two inches from its abdominal orifice; a distance sufficiently great to prove that they had not been detached in the copulation. Next day he killed the bitch, and found that spermatozoa had reached about a quarter of an inch in the right tube; he found also five ova in the same tube, and as many *coapora lutea* in the right ovary, but none of the spermatozoa had come in contact with the ova. These cases proved the detachment of ova before copulation. In some others Bischoff found that they were not detected till long after the act. In some he found that they were undetached twenty-four hours after copulation, and that the seminal corpuscles had passed on towards them. In others also he found the independence of the passages of the ova and the semen still more marked; for example, several days after copulation, ova were found fecundated in one tube, but in the other spermatozoa alone, none of the Graafian vesicles in the corresponding ovary being either enlarged or fully developed.*

5. Thus, according to the period of heat at which copulation takes place, will be the place at which the semen meets the ovum. If it be early, the ovum may not escape before the semen reaches the ovary; if late, the ovum may have arrived at the uterus; and probably if it have arrived at the lower or uterine third of the tube before it comes in contact with the semen impregnation is impossible on account of the changes which the vitellus has already undergone. In women it is in like manner near the period of menstruation that impregnation is most likely to occur. It may take place just before menstruation if the ovum be just mature when the semen reaches the ovary: or some days, the ovum after its discharge remaining impregnable till the semen reaches it. Or, again, as many analogous circumstances in lower

*These facts bear on the question of the possibility of a woman conceiving by two different men; and I find a recent notice of a case, often referred to, of a negress who having, as it was believed by herself and others, conceived twice in the same night, first by a negro and afterwards by a European, bore twins, of which one was a pure negress and the other a mulatto. Dr. Hillie a Dutch military surgeon, in Surinam; where the delivery occurred, adds that the children were living in 1841, that they were eight years old, that the black child, which was at first the strongest of the two, remained so, and that the mother had died some time previously, and on examination was found to have normally formed genital organs. (Casper's Wochenschrift, Jan 28, 1842.)

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animals prove, an ovum may by the sexual excitement be hurried on to its maturity and discharged; and so, in unusual cases, impregnation may take place at a greater than usual distance from the menstrual period. Still the most common time must be, as common observation shows it is, either during or very near the menstrual period. M. Raciborski has found that in one hundred women there are not more than six or seven in whom this is not the constant rule.

6. All these circumstances prove a closer analogy than was supposed to exist between the discharge of the ova of mammalia and those of the fish, batrachia, and others in which the ova are discharged from the body and impregnated external to it. In all alike the discharge of the ova is an independent act; the differences are in the distances from the ovaries at which the semen is usually brought into contact with it.—[PAGET'S Report on the Progress of Anatomy in Brit. and For. Med. Rev.. Jan., 1844.

ART. 9.—*The periods regulating the recurrence of vital phenomena*; Being a General Summary of previous Contributions to Proleptical Science. By THOMAS LAYCOCK, M. D., Physician to the York Dispensary.

The communications I have made to the Lancet from time to time on the laws of periodicity, as exhibited in the recurrence of vital phenomena, have been published at considerable intervals, and extend into two or three volumes. I have thought it would be well to give the readers of my previous papers such a general view of the whole as may assist them in appreciating the importance and extent of the subject, and guide them in any future remarks they may be inclined to make.

While it is the prerogative of reason to look both "before and after," man has always manifested the most earnest desire to look before and know the future. Two means have been adopted, in all ages, to attain this end, namely, divination, or the consultation of supernatural beings, real or supposed; and the observation of natural phenomena, and of the times of their recurrence. It must have been soon found that there was a regularity in the latter. Day constantly followed night, and night day; spring succeeded winter, and summer succeeded to spring: the ebbing tide changed into the flood, and the flood tide fell to the ebb. And so, also with physiological phenomena; the infant grew into youth, the youth became a man, and manhood sunk gradually into the decrepitude of old age. Hence man has learnt to predict a variety of events in nature and society with absolute certainty. He knows that the storms

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of winter will surely pass away and be succeeded by the warmth of spring; that the flood-tide will assuredly, in a few hours, be at ebb: and so, also, with a variety of phenomena implicating the individual, as the duration of pregnancy, the reccurrence of the hour of sleep &c. Now, all natural phenomena being finite, must be periodic, because the time within which they are circumscribed is itself a period, and capable of division into less periods. The science which investigates the laws of recurrence of events involving individuals and societies of men, measures their periods, and applies the knowledge thus obtained to practical uses in connection with the sciences of medicine and of political and social economy, is the science which I have termed PROLEPTICS, from a *Greek word signifying* an anticipation, to anticipate, seize before. Proleptics, then, is the science of anticipating events.

Of course the science of proleptics recognises no mysterious or supernatural agency more than is recognised in astronomy, or any other natural science; it is founded altogether on the observation of phenomena, with special reference to the order in which they arise. That order may be ascertained by pure observation, or may be calculated from principles and laws already known, or may be infered from the relations of cause and effect.

In predicting proleptically the return of an ague-fit we are guided by pure observation; from this source we know that if the fever be a quotidian the febrile paroxysm will return next day, at the same hour, as surely as the sun will rise after having set, and we anticipate it accordingly. In like manner we know that in a malarious district we may expect to have bilious remittents in summer, quotidians and tertains in spring and autumn, and quartains in winter.

Proleptics is not limited to periods of any particular duration; it applies itself alike to periods of hours or of thousands of years. It is within its province to investigate the changes induced in the earth and in society at the completion of grand cycles, as well as the changes induced during a single revolution of the earth on its axis or round the sun. It concerns itself with all astronomical phenomena, because they are eminently periodic; it traces the laws of recurrence of cosmic and telluric changes, with special reference to the influence of those changes on man, either as an individual or in society. Proleptical science is not confined to circular phenomena, for it sees polarity and oscillatory movements in regularly reccurring events. The impulse given to human society by an exoteric force, as, for example, when meteorological changes induce destructive epidemics, may continue long after the cause has passed away, just as a pendulum swings backwards and

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forwards after the hand that put it in motion is removed. What happens to societies will occur also to individuals.

It will be seen, from this brief outline, that proleptics, being eminently a practical science, hesitates not to draw its data from every available source. It watches the progress of geological science, that from what has happened it may deduce what terrestrial changes will happen in future, and when. It cultivates meteorology to find out the law of reccurrence of meteorological phenomena, knowing how much the latter influence man's condition under all circumstances; his health, food, personal comfort, relief if diseased, or his social prosperity and progress. It considers man as a part of the great whole of organised beings, and seeks a knowledge of the laws of recurrence of vital phenomena in all nature, that it may apply that knowledge in administering to the relief and cure of man when sick, and to his comfort when well.

Having premised these explanatory observations I will subjoin a summary of the contributions I have made to the science. I would wish to observe, however, that these contributions were made principally with the object of placing it on a true foundation, and of constituting a nucleus round which future observations might be arranged. It will be seen, in reference to the paper alluded to, that I have divided periodic vital phenomena into three classes, namely the exoteric, esoteric, and endexoteric, the first comprising those resulting from causes internal, and proper to the organism; the second those resulting from causes external to, and independent of the organism; and the third those compounded of two.

The esoteric series of periodic changes commences with conception and the first developement of the ovium, and goes on until death, the major periods involving and being constituted by the minor. They are marked by the evolution of the teeth in the embryo and fœtus, by the reproduction or shedding of the latter in infancy and youth, and by physiological changes recurring at larger intervals, the septenary periods, in after life (*Lancet* vol. i., 1843-4, p. 255). After birth the periods become, in a great measure, endexoteric, the exoperiodic influences coming then into operation, and complicating the esoperiodic changes. They are marked in animals by a variety of phenomena, and the periods are of diversified length, just as we observe in the recurrence of meteorological changes. The primary unit is a day of twelve hours, comprising one barometric maximum and one minimum. A tabular view will best illustrate the order of the minor periods, deduced from a multitude of observations.

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I. *The Esoteric and Exoteric Periods.*

1. Two minor periods, including a maximum and a minimum. } = { Alunar, barometric or meteorological day.*
2. Two barometric or lunar days. = A solar day.
3. Seven solar days. . . . . = A lunar week.
4. Four weeks. . . . . = A lunar month.

II.—*The Endexoteric Periods.*—In marking these I shall take the periods of fevers as the most familiar example, although *all* periodic physiological phenomena illustrate them. (Vide *Lancet*, vol. cit., p. 124, 160, 930, &c.;

Let a = the barometric or lunar day.

Then a = the term of a bi-quotidian and of certain physiological acts. (Vide *Lancet*, vol. cit., p. 930.)

$2a$ = the diurnal or quotidian period.

$4a$ = the tertian period.

$6a$ = the quartan period.

As in agues the *interval* is calculated from the beginning of one paroxysm to the beginning of the next, the unit of the second series must comprise the time occupied by the last paroxysm, as well as the period of intermission, so that we have $6a + a = 7a$, or one week of seven days of twelve hours; let b represent this period.

Then b = { the half week of physiological periods and the fourth day of fevers.

$2b$ = one week, and the seventh day of fevers.

$4b$ = fourteen days, and a physiological period, and a critical day in fevers.

$6b$ = a minor menstrual period, and the limit of a "21 day fever."

$6b2 + b$ = the menstrual period, and its analogue in hemorrhoidal and neurotic patients.

Thus, then, the minor periods may be considered to be multiples of four basic units; 1. The day of twelve hours; 2. The day of twenty-four hours; 3. The week of twelve hours or lunar days; 4. The week of solar days. If any of these be multipled by 2, 3, or 4, or by 4, 6, 8, the products yield all the observed periods of menstruation, four weeks being the normal period. Of course the catamenial excitement is only indicative (as I have elsewhere shown, Treatise on the Nervous Diseases of Women, p. 44), of a nisus in the ovaria, and marks the period when an ovum or ova are expelled. In fact, the processes of generation and development display throughout the most striking examples of periodicity. Similar multiples give the periods of mixed fevers, the cycle of

* Vide *Lancet*, 1842-3, vol. i., p. 930.

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paroxysms observed in intermittents, gout, &c. (*Lancet*, 1842–3, p. 125, 199, and 425.)

The preceding are the minor periods of development, the esoteric series commencing with conception, and go regularly on unless broken up, and a new series be begun, by some powerful influence on the system. It is by these periods that we can theotretically explain the period of incubation of contagious and epidemic diseases. It is by these, too, that we can understand the "singular coincidences" observed in families, as to death, time of sickening from contagious fever, &c., the period of conception of the mother being a common point to which the esoteric periods of the offspring can be referred in virtue of these periods being precisely alike as to the date of conception, and the circumstances of their life undergo similar vital changes at the same time, because they are equally exposed to the same exoteric agencies, and undergo the same series of esoteric changes. An example of this has been given (*Lancet* 1842–3, vol. i., p. 425,) and others might be quoted. The coincidences of this kind have been attributed to animal magnetism, and adduced as a proof of the reality of the zoo-magnetic force.

The seasonal and annual changes and the period of utero-gestation and of fœtal life, are intermediate between the preceding and the major periods of development. The term of fœtal life is composed, both as regards the parent and offspring, of minor esoteric periods, consisting either of the week of seven lunar days, or the week of seven solar days, but generally the latter. The analogous process in insects occupies the whole life, from the vivification of the ovum to the imago state, and its minor periods are marked by the evolution of the animal from the ovum, the successive moults, and the chrysalis state. This period of embryonic and fœtal life is of varying length in insects, reptiles, fishes, birds, and mammals, but is always a multiple of a lunar or solar day (*Lancet*, 1842–3, vol., p. 124,) and always heptal, or referrable to 7.

The intermediate periods above alluded to pass insensibly into the major, and the major periods complete the whole period of life. The primary unit of the latter is a solar year, subdivided into four portions, by the equinoxes and solstices, which constitute two means, one maximum, and one minimum. (Vide *Lancet*, 1843–4, vol. i., p. 85, 353. All the preceding have reference to the individual, and the minor have reference to the individual exclusively. The basic unit of years has, however, a bearing upon man, as constituting society, and is the unit limiting the periods of those exoteric causes which influence the spread and mortality of epidemics, and induce physiological mutations on a large scale, as well in man as in animals, and vegetables, through their

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action on the atmosphere, and the crust of the earth. Vide *Lancet*, 1843–4, p. 430, for the discussion of these periods.

To recapitulate: according to the facts previously stated, the periods upon which others must be calculated are the following: 1. The barometric or lunar day; 2. The solar day; 3. The lunar week; 4. The solar week; 5. The lunar month; 6. The solar year, with its four subdivisions; 7. The week of years, or septenary period; and, lastly, the lunar cycle of eighteen years, with one maximum and one minimum. Probably others will be added to these, as, for example, a lunar year, with five or six subdivisions, a large cycle of years, &c. I think, however, facts sufficiently numerous have been stated to point out those just enumerated, as the periods round which future observations should be grouped.—Bul. Med. Sci. from Lancet.

MATERIA MEDICA AND PHARMACY.

ART. 10.—*Arsenical Paste of Frère Come.*—Arsenious acid is one of the best known caustics; it would certainly be preferred for cauterizing cancers, if its absorption were not to be dreaded. By employing it with care, nevertheless, and limiting its action, it may yet be usefully applied. Several receipts for arsenical caustic pastes are published in the Formulaire of M. Bouchardat; that of Frère Come has lately attracted the attention of several surgeons. Frère Come died without making known its composition: and M. Souberbielle, his relative and pupil, alone continued to make use of it with as much success as his master. M. Souberbielle communicated the formula to M. Manec, who applied the paste with very advantageous results. It is prepared in the following manner:—six grains of white arsenic, one gramme and ten grains of cinnabar, fourteen grains and a half of calcined sponge, powdered together. The proportion of arsenic is as from eleven to twelve to the hundred, and consequently stronger than in any known preparation, excepting that of Roussellot. When it is about to be used, the powder is mixed with a little water to the consistence of pap, and is then lightly spread over the ulcerated surfaces with a brush, care being taken to use only a small quantity, it being better to have recourse to repeated applications than to run the risk of considerable absorption. It is then covered with a piece of moistened agaric, which becomes detached at the end of ten, fifteen, twenty, or thirty days, sometimes later, and separates with the slough. After this separation has been effected, M. Souberbielle dresses

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the wound with the *yellow pommade of Frère Come*, prepared as follows: thirty-two grammes of yellow wax, forty-eight grammes of rose oil, seventy-five grammes of camphor, and one hundred and fifty grammes of Goulard's extract. This ointment is applied, spread upon linen, until the wound is cleansed of the whitish layer which covers it. If fungous excrescences should reappear afterwards, a renewed application of the paste is made, and repeated until the cancer is entirely destroyed. A very important remark is connected with the extent of the ulcer; if it exceeds three square centimetres, the treatment must be divided, in order not to risk absorption by too large a surface, and with that view not to cauterize a new portion until after the separation of the first slough. When the edges are callous, they must be stimulated by a blister, the caustic not acting except upon a moist and raw surface. M. Manec says he has ascertained by numerous experiments, that it is not necessary to remove the cancerous parts with a knife, before applying the arsenical paste, and that the diseased parts, whatever the thickness and depth of their roots may be, are specially and exclusively destroyed by the caustic, whilst the healthy parts are scarcely injured. M. Manec has also ascertained by experiments with Marsh's apparatus, that arsenic was absorbed in certain proportions, and that the urine yielded traces during a period varying from four to five days, according to whether absorption had been more or less rapid. The fæces have afforded traces of arsenic seven or eight days after the urine had ceased to yield any.—[American Journal, p. 468, from Med. Times, Sept. 1844, from Bouchardat's Annuaire for 1844.

Art. 11.—*New Salt of Mercury and Quinia.*—The combination of oxymuriate of mercury and tincture of bark has been long known as a remedy for the treatment of scrofula and enlarged mesenteric glands, also in the treatment of strumous ophthalmia. This combination is well known to be unchemical, the salt being decomposed by the bark. Mr. R. N. M'Dermot of Dublin, convinced of the value of a combination of the active principle of the barks with salt of mercury—"a combination which, according to the concuring testimony of various physicians, accelerates, in a remarkable manner, the constitutional action of mercurials, was brought to think that a definite compound might be formed in which the bichloride would perform the part of an acid, and the alkaloid quinia form the base, and which would combine the theraputic value of these two important substances." On trial he found the results were exacly as he had anticipated. He obtained a double salt, a proto-

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chloride of mercury and quinia, chemically combined. On subjecting it to the strictest analysis, no trace of bichloride could be detected. The intimate combination of the active principle of the bark with mercury in the form just indicated, will, in his opinion, render it less liable to produce the ill effects of mercury on some constitutions, while its efficacy as a general remedy must be much enhanced. He anticipates that the combination of these two agents will rarely fail of producing a happy result in the diseases of the eye generally, but especially when scrofula is present.—[Dublin Medical Press, March 13, 1841.

ART. 12.—*Valerianate of Zinc.*—This new preparation is extolled by some of the Italian physicians as a very powerful remedy in several nervous affections. It is formed by adding the protoxide of the metal to the vegetable acid to saturation, and then slowly evaporating the solution. It is administered in the form of a pill in the dose of one or two grains. In the *Bulletino delle Sc. Mediche* some cases of neuralgia successfully treated by it are recorded.

ART. 13.—*Chloride of Magnesium.*—This has lately been recommended as a saline aperient by Dr. Lebert. It is said to produce no injurious effect whatever on the stomach, and if occasionally it gives rise to any unpleasant sensation, it inconveniences less than most other purgatives. It would also seem to favor digestion since its purgative action is followed by an improvement of the appetite. The mean dose as an aperient is 32 grammes for an adult, and half that quantity for a child of from ten to fourteen years of age.—[Prov. Med. and Surg. Journ., 24 April, 1844, from Gaz. Ned. de Paris.

ART. 14.—*Prestat's Adhesive Plaster.*—The following composition is said never to crack, and not to inflame the skin:—Empl. diachyl. gum, four hundred grains, purified rosin, fifty grains; tereb. venet., thirty-eight grains, are mixed together at a gentle heat, and then twelve grains of gum mastich and twelve grains of gum ammoniac incorporated, and the mass spread on linen. In winter, it is advisable to add ten grains more turpentine and twelve grains of ol. amygdal.—[Ibid., p. 469, Ibid., from Journ fur Prakt. Chem.

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MEDICAL JURISPRUDENCE AND TOXICOLOGY.

ART. 15.—*Antidotes of Corrosive Sublimate, Copper, Lead, and Arsenic.*—BY MM. BOUCHARDAT AND SANDRAS.—By means of numerous experiments, first made in the laboratory and then repeated on dogs, MM. Bouchardat and Sandras have arrived at many interesting results relative to the antidotes of corrosive sublimate, copper, lead, and arsenic. All these are detailed at length in their long papers on the subject. Their conclusions were, that the following substances may be regarded as antidotes, and employed as such in medicine:—

As antidotes for corrosive sublimate.—A mixture of zinc and iron filings; or powder of iron reduced by hydrogen; or the moist persulphuret of the hydrated peroxide of iron.

As antidotes for copper.—A mixture of zinc and iron filings; iron reduced by hydrogen; porphyrized iron; zinc filings; or the persulphuret of the hydrated peroxide of iron.

As an antidote for lead.—The moist persulphuret of the hydrated peroxide of iron.

As antidotes for arsenic.—The moist hydrated peroxide of iron; the dry hydrated peroxide of iron; and the moist persulphuret of the hydrated peroxide of iron.

These experienced chemists add the following reflections:—This last preparation, the persulphuret of the hydrated peroxide of iron, possesses this superior advantage over all the rest, that it changes the nature of all the four poisons above noticed, and is especially applicable in those cases where we have not had time to find which of the poisons has been taken. As to the manner of administering these antidotes, and the doses which it is necessary to administer, the simplest means appear the best. The powders of zinc and iron may be suspended in any electuary, or they may be swallowed in wafer paper. The magma of the hydrated preparations of iron may be swallowed in the form of jelly, in which they are procured from the druggists. Several draughts of lukewarm water ought to follow the antidote, and the fauces be tickled with a feather, to excite vomiting and the expulsion of the poison. The efforts at vomiting scatter more effectually over the stomach the antidote which is administered. As to dose, the experiments proved that 100 grains of the powder of iron or of zinc sufficed to prevent any bad effects from 15 grains of the acetate of copper. Fifteen drachms of the moist magma of the persulphuret were required to produce the same effect with the same dose (15 grains) of the acetate of copper. To act as an antidote to 4½ grains of arsenious acid, 15 drachms of the moist

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magma of the persulphuret, or 30 drachms of the moist hydrated peroxide of iron, or 20 drachms of the dry hydrated peroxide of iron, were required. With regard to the time when these antidotes can be administered with advantage, in so far as the acetate of copper is concerned, the lapse of 40 minutes from the time of swallowing the poison ought not to be regarded as a sufficient reason for not administering the antidote; but arsenic is more quickly absorbed. Nevertheless, the antidote should always be administered, because, though it will not neutralize what is absorbed, it will prevent its further absorption by decomposing what remains in the stomach.—[Braithwaite's Retrospect.

ART. 16.—*Mesmerism!!*—Worship Street, London.—On Monday, a young man, named William Bowen, was charged at this office with stealing a linen sheet. The prisoner, who had a somewhat pensive expression of countenance, of a death-like paleness, was supported at the bar by a young man somewhat older than himself, and who was stated to be his brother; his eyes were entirely closed, and he had every appearance throughout the examination of being in a profound sleep. The police officer stated that he was sent for on Saturday night to a pawnbroker's, where he saw the prisoner, who had just before presented the sheet produced for pledge, and which, the pawnbroker suspecting had been stolen, had determined to give him into custody. The officer found that the sheet had been stolen from the prisoner's landlady, who was a laundress. Mr. Bingham, the magistrate, noticing the appearance of the prisoner, asked him if he understood the nature of the evidence against him. The prisoner took no notice of the question, but remained entirely motionless and silent, and seemed to be in a state of total insensibility. Mr. Bingham inquired if any one could give an explanation of the prisoner's extraordinary conduct. Sergeant Lambert said he could, partially. Almost immediately after the prisoner had reached the station on Saturday night, and had given a true description of himself, he appeared to receive a slight shock, and then fell into his present state of somnolency, in which he had remained ever since. No notice was taken of it for some time, thinking he might be sleepy, but as it at length became manifest that it was not the effect of fatigue, great alarm was excited lest he should be dying, and Mr. Coward, the divisional surgeon, was sent for and promptly attended, but after being with him a considerable time, went away, declaring he could do nothing for him. At length, one of the officers entered the station, to whom the prisoner's family was slightly known, and suspecting, from the circumstance of one

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of his brothers being a lecturer on mesmerism, that he might be in a mesmeric trance brought on by the position in which he was placed, the brother was sent for to get him out of it. On coming to the station, the brother expressed his inability, after a few experiments to relieve him, but entered into conversation with the prisoner, who answered the questions put to him readily, although he continued apparently in a sound sleep. The only question put by the brother at the station, that the sergeant could recollect, was as to when the prisoner felt he should come out of his trance, to which the answer was, as he understood it, "Saturday week, eight in the evening," corresponding with the hour at which he was taken into custody. The prisoner had not taken the slightest nourishment, either liquid or solid, since he had been locked up, nor expressed a wish, either verbally or by gesture, for any thing. Mr. Bingham said, that under these circumstances, he should remand the prisoner. The prisoner was then supported out by his brother and one of the officers, but in precisely the same state as when he entered the room.

The young man was again brought up on Tuesday, and having then recovered from his state of mesmeric coma, the case was gone into and satisfactorily proved. A person who stated himself to be the prisoner's brother, stepped forward, and, with great gravity, said his brother was a person peculiarly susceptible of the influence of mesmerism. If he looked steadfastly at any particular object, he was sure to be thrown into a state of mesmeric coma, which deprived him of the use of his natural senses. The mesmeric influence operated in different ways upon him, for, on a former occasion, when the prisoner was so affected, he manifested a disposition to destroy every thing that came in his way, and his friends were obliged to put him under restraint. His late visitation was produced by some object to which his attention was riveted last Thursday evening at the Surrey Theatre, and his friends, who observed the fit approaching, exerted themselves without effect to avert it, as they knew that he was unconscious of what he did when under its influence. *It was urged that the prisoner was in a state incapable of judging between right and wrong when the offence was committed.* Mr. Bingham could not listen to such an excuse. He required the prisoner to pay a fine of 20*s.* for unlawfully pawning the property, and also 2*s.*, the amount received upon it, or be committed in default for 21 days to the House of Correction.—[Amer. Jour., from London Atlas, Feb. 24, 1844.

T. R. B.

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ART. 17.—*The Queen* v. *Trilloe.—Infanticide.*—There was strong evidence to prove that the child had been born alive, and that the prisoner had strangled it by fastening a handkerchief or some such thing round its throat, but it was clearly proved by Mr. Wood, the surgeon, who examined the body of the child, that it must have been strangled before it had been separated from the mother by the severance of the umbilical cord, and it was further stated by Mr. Wood, that a child has, after breathing fully, an independent circulation of its own, even while still attached to the mother by the umbilical cord, and that, in his judgment, the child had breathed fully after it had been wholly produced, and had, therefore, an independent circulation of its own, before and at the time it was strangled, and was then in a state to carry on a separate existence.

Judge Erskine, in summing up, said, "If you are satisfied that this child had been wholly produced from the body of the prisoner alive, and that the prisoner wilfully, and of her malice and aforethought, strangled the child after it had been so produced, and while it was alive, and while it had, according to the evidence of the surgeon, an independent circulation of its own, I am of opinion that the charge in the second and third counts of the indictment is made out against the prisoner, although the child, at the time it was so strangled, still remained attached to the mother by the navel string." Verdict—Guilty. The case was reserved by the judge for the opinion of the fifteen judges, who held the conviction right.—[Amer. Jour. of Med. Sci. from I. Carrington & Marsham's Nisi Prius Rep. p. 650. T. R. B.

ART. 18.—*Cryptogamic Vegetations on the Mucous Coat of the Stomach after death.*—Dr. Lee describes the appearances found in the stomach and upper part of the intestinal canal of a corpse which had been interred for three months, and then exhumed for medico-legal investigation. The mucous surface of the stomach was of a deep chocolate color, and on it were scattered numerous white circular bodies, elevated at the edges and depressed at the centre; some of these were very minute and had the appearance of a white powder sprinkled on the membrane. This appearance has been noticed by Orfila, as one of those which had been mistaken for arsenic. Buchner, too, has mentioned a white, granular substance containing fat, which was found lining the stomach. The question arises, what is the intimate nature and origin of these bodies? Are they fungi? They are certainly not calcareous depositions. They are partially soluble in alcohol, and they melt before the blowpipe.—*Dublin*

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Journal. A correspondent in the *Providence Journal* found similar appearances in a body which had been interred fifteen months. These particles, examined chemically, yielded the same results as adipocere, of which they probably consist.—*Lancet*, April 20, 1844. Certainly this last is the correct solution. Orfila examined these appearances, (found equally in the stomachs of those who had not been poisoned,) and ascertained that they consisted of fat and albumen.—[Medical Journal, p. 532. T. R. B.

BIBLIOGRAPHICAL NOTICES.

1.—*A Treatise on Pathological Anatomy*, By Carl Rokitansky, M. D., Professor Extraordinary of Pathological Anatomy in the University of Vienna.

Part 1.—Containing the Abnormal conditions of the organs of Respiration. Translated from the German with additions of Diagnosis from Schoenlein, Skoda, and others. By Dr. John C. Peters, New York, 1845.

Such is the title of a very valuable addition to Medical literature. We confidently expect that the work will be extensively patronized, as it is every way worthy of liberal encouragement.

2.—*The Medical Student, or Aids to the Study of Medicine.* A revised and modified Edition. 1844.

This work is from the practised pen of Professor Dunglison, and is evincive of his well known talents.

3.—*An Essay on the Philosophy of Medical Science.* "I trust that I have got hold of my pitcher by the right handle." By Elisha Bartlett, M. D., Professor of the Theory and Practice of Medicine in the University of Maryland. Lea & Blanchard, 1844.

This is an elaborate production of more than three hundred pages from the pen of a very distinguished American physician. On some future occasion we shall present to our readers an analytic review of the work.

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THE WESTERN LANCET.

CINCINNATI, NOVEMBER, 1844.

The severe indisposition of the Editor has precluded to some extent his attention from the affairs of the Lancet, in the making up of the present number. He has therefore to solicit the indulgence of his subscribers, if any deficiencies, or mistakes, are discovered.

Our readers are already aware, through the common periodicals of the country, that Woodville, Mississippi, has been severely scourged by a visitation of Yellow Fever. Below we present extracts from a letter received from an esteemed Medical correspondent, who has lately been on a visit to the place.

We should be much gratified were some Medical practitioner of Woodville, or vicinity, to give us a more detailed account of the desolating epidemic. Our correspondent speaks of certain "hollows that run up within a quarter or half a mile of the town forming the heads of" several creeks. Especial examination should be made of these "hollows," in order to arrive at satisfaciory conclusions concerning the origin of the disease.

Woodville, Miss., Sept. 12, 1844.

The town of Woodville is situated about twenty-eight miles from Bayou Sara, on the Mississippi; about forty from Natchez, and about fifteen or twenty from the Mississippi River. It is situated on high ground with a gradual slope in all directions, leading off into hollows that run up within a quarter or half mile of the town, forming the heads of Tompson's creek, the Buffalo and other little branches. There is no creek or ponds or low lands in the immediate vicinity. The town is built very compact, formed in a square, with the Court House in the centre. In short, when you view the surrounding country and the town, you would pronounce it to be one of the most eligible sites for a town of health in the South. I have walked around and through the place; every thing seemed neat and airy, no appearance of filth, no large collections to putrify and render the place unhealthy—no one would or could in my estimation, pronounce Woodville a filthy place. And yet strange to tell, we have been visited with that desolating disease, *Yellow Fever*. And what renders the analysis more difficult, is the fact, that all the surrounding towns are remarkably healthy for the season of the year. The yellow fever does not prevail at New Orleans; there has been only one or two cases in the place, and they confined to the Hospitals. It does not prevail at Bayou Sara. There has not been a single case either

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at Bayou Sara or Natchez, or any place along the river; consequently you see the utter impossibility for the disease to have been brought here. We find no adequate cause existing in the place itself, for I have seen towns a third time filthier, and more favorably situated for such a disease, and yet escape. And now, may it not be dependent upon some peculiar condition of the atmosphere, as has often been contended, originating the yellow fever in this place. At least I think it dependent entirely upon the peculiar state of the atmosphere, I have heard it remarked since the prevalence of the epidemic, that even the birds have left Woodville and its precincts, not one is to be seen in or about the town; usually there are a great many. We have had no rain of any consequence for weeks, and it has been quite warm, but not more so than any other season. Taking all things into consideration, it is one of the most astonishing epidemics I ever read of. I presume no one will doubt the fact of its being genuine *yellow fever* when they are informed that Physicians who have practised in New Orleans for years and have seen hundreds of cases, perhaps thousands, unhesitatingly and unequivocally pronounce it the yellow fever. Nearly every man in the place has had the disease. But what fatality for such a small inland town, the disease has been prevailing a week up to this time, and from seven to ten deaths have occurred every day, and Heaven only knows when it will cease its desolations. It is very rapid in its course, the victims are seized with a violent pain in the head, pains in the lumber portion of the spine, in the knees, accompanied with a burning fever; in a short time they commence vomiting, throwing up something similar to coffee grounds, called the black vomit and in a few hours death closes the scene; there is a great similarity in the attacks; after death they turn yellow, this I have seen with my own eyes. Another very remarkable thing, it is spreading into the country, on some of the plantations there are fifty cases, and others occurring. From some of the plantations they had occasion to send to town, and invariably the servant has returned with the disease, although he remained but a few minutes in town, and in this way they have carried it into the country. Nearly every individual that visits Woodville returns home, and in a few hours is taken sick, and the majority die. I have not been informed of the exact amount of deaths as yet, the epidemic is rapidly prevailing. I sat up the other night with my friend Judge Walker, who died. Whether I am to take it I cannot tell; nothing but necessity induced me to set up, as those who are well have generally left and the sick in many places are almost neglected, and the people shun one another as much as possible, thinking every man a moving plague.

Yours, &c. J. W. H.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, DECEMBER, 1844. No. 8.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Reflections on the general Diagnosis of Diseases of Infants; with some remarks on the Treatment of Infantile Pneumonia.* By Dr. G. SPRAGUE, of Plymouth, Michigan.

Inflammation of the tissues of the lungs ranks among the most frequent diseases of children; and may occur at any period from birth upward.—(CONDIE.)

Even were we not borne out by the fact, that pneumonia as frequently as any other disease attacks the infant, could we find an apology for not paying to this subject that attention which its importance most clearly demands. All must feel the force of the remark so commonly made in every community, viz: that few Physicians appear to understand the nature of infantile diseases. And as few give evidence of possessing that confidence in their treatment, so essential to the strict enforcement of their instructions in the treatment of diseases incident to this period of life.

The question may perhaps admit of profitable discussion, why it is that diseases of this class appear comparatively so imperfectly understood by the mass of practitioners? And we shall not of course expect to answer this question to the satisfaction of all. But the reasons given, or some of them at least, may find an application to the case of many of our readers. May it not be owing then, in part to the following reasons?

1st. That a much greater amount of industry is required to form a correct diagnosis of, and to institute the treatment adapted to, the disease which may be at the time under investigation. 2d. That there is generally a disposition manifested on the part of the mother or nurse to treat complaints of this class, without the aid of a medical adviser,—

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this having arisen in a great measure from the manifest apathy, if not indifference, of most Physicians to practice this branch of their profession. 3d. That in the majority of instances the skill of the female attendant is first exhausted before the medical adviser is summoned; which of necessity renders his task an unpleasant and in many cases an unprofitable one. 4th. That many allow their natural antipathy to children to interfere with their manifest duty and acknowledged calling, in the treatment of such cases.

Whether these reasons find a response in the minds of any of our readers or not, they may notwithstanding be the means of calling their reflections to the true source of their apathy on this subject; and I doubt not the reason which will most commonly apply is the lack of industry, and the dread of mental application and reflection.

Let us ask in all candor, whether or not, in the majority of instances, it is possible to form a correct diagnosis in the cases under consideration! We do not pretend to say, that the same amount of scrutiny and of interrogatories will lead to as satisfactory conclusions in the mind of the practitioner, where the patient is an infant as where he is an adult. But does it not follow that the practitioner is in duty bound to institute such examination, as is clearly called for in the urgencies of the case? Is the infant to be deprived of the full benefit of the healing art, because forsooth he has not the means of communicating his internal sensations by articulate sounds? Or is this deficiency in the means of forming a correct diagnosis to be replaced by an additional exercise of scrutiny on the part of the practitioner? Are the parents to be deprived of a member of their family at that interesting period when (to the mother at least) they enter most deeply into their affections? Is this, I ask, to be the inevitable result when the infant is seized by the ruthless hand of disease? When perchance, an additional interrogation, or a little physical examination would suffice to turn the scale in the outset, and thereby change the morbid action, just setting in; which if allowed to go on, would terminate in an actual disease of structure; for the removal of which, days, and even weeks may prove inadequate. In no complaint perhaps is this more clearly the case, than in the one, on the treatment of which we have proposed to make a few remarks. The fact, that inflammation of the lungs, as well as that condition in other organs, is generally preceded by congestion, is one of no small practical value, especially when called to cases of this kind in the onset. For it is then, especially in the infant, that we can detect the real nature of the complaint by the invariable symptoms present in congestion of the organs concerned in respiration.

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'Tis true, the symptoms are not as conspicuous and formidable as in the case of an adult; but here, the ever to be kept in view consideration of ceteris paribus, must not be lost sight of; and if scrutiny is needed in forming a correct diagnosis in the case of an adult, it is doubly needed in that of the infant. And in no case is it of more vital importance in the onset, to detect the nature of the morbid action present, and meet the same upon the proper principles of treatment, than those under consideration. For no one will question the ability of the vigorous adult constitution to stand the shock of congestion, or any other pathological condition, being greater than that of the infant.

These views cannot be better portrayed than by quoting the language of Dr. Condie. It must be evident that in severe cases our chief hopes of a favorable termination must be founded upon an early detection of the true character and extent of the disease, and the judicious employment in the onset of the proper antiphlogistic remedies, adapted to the age of the patient and the violence of the disease. After a change has occured in the texture of the lungs we can do little beyond moderating the more pressing symptoms. And every practitioner, possessed of the common powers of scrutinizing observation, must have come to the conclusion in the treatment of the disease in infants now under consideration, that the first forty-eight hours is of more real value, so far as arresting the attack in the onset is concerned, than the week succeeding.

And now we come to the consideration of the principles upon which a favorable termination is to be expected. In refering to the means in common use for the purpose of bringing about this result, we shall endeavour to show how far some of them lead to this result, and how far others fall short of producing *any* effect to the abatement of the symptoms present. It is not susceptible of question (whether we see the case while it is a congestive fever of Armstrong, or whether it has become an inflamatory fever) that our main dependence is, and our entire efforts should be spent, in removing the superabundant amount of circulating fluid in the lungs.

This being admitted, the question next arises, what means do we possess that will directly or indirectly produce this effect? I answer, venesection and nausea, aided by counter-irritation to the chest and extremities. Venesection is an acknowledged powerful agent, whereby to reduce both the force of the general circulation, and the determination of blood to any particular organ. Could this agent be always wielded by us in the cases of infants, with as much certainty as in that of adults, we should not need to rely so much on other means for accom-

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plishing the end in view. But being an agent only admissible in the early stage of pneumonia, and frequently of difficult application in any stage, it behooves us to place our dependence upon such other means as will act with promtitude and power, and that upon the principle before refered to, and producing the object very plainly to be accomplished, viz. the reduction of the volume of blood in the lungs. For this purpose we evidently possess no means which produces this effect, so promptly, and invariably, as that peculiar state termed nausea. Its direct action being to reduce the amount of circulating fluid in the lungs, and at the same time to allay general excitement and equalize the circulation throughout the system. But, says one, this is the very practice we follow, we give antimony in all cases of this kind. Admitting this, the question arises, how do you give it? Do you give it with the view to produce a marked effect, or do you give it because it is *antimony?* It cannot be questioned that the benefit to be derived from antimony, (or any other nauseant) is by producing its specific action on the system, and that in proportion to the violence of the disordered action for which we administer the remedy. For what do we administer a cathartic, but to produce a certain and peculiar effect upon the intestinal canal? Who would think of prescribing one fourth of a grain of rhubarb for an adult, to be repeated every three hours, thinking to produce a cathartic effect? Could any individual follow this course without, to a certain extent, meriting the cognomen of Homœpathist?

We do not wish to be understood as recommending the use of antimony in pneumonia of infants, for we well know that there are objections to its continued and free use, especially in children. Its liability to excite irritation in the stomach and bowels, (and thereby placing upon our hands a complication always to be dreaded,) is reason sufficient, were there no others to admonish us of the ill effect of riding a hobby when Materia Medica furnishes such a multiplicity of articles the *effect* of which are in the main similar, when given as the peculiar nature and power of each requires. We find ipecac highly extolled by many writers in the treatment of the disease under consideration. But may we not question the correctness of the means by which this conclusion is formed in many instances; especially in the following. In speaking of the treatment of pneumonia in infants, a late author remarks—"in the cases occuring in infants under three years of age, small doses of ipecacuanha, combined with calomel, may be given; it is a remedy with the good effect of which we have had cause to be much pleased." The following is his formula:

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℞. Calomel, gr. iv, ad. v.
Ipecac, gr. iii, ad. iv.
Pulv. digitalis, gr. iii, ad. iv.
M. f. Chart, No. xii.
One to be given every three hours.

May we not, I again ask, reasonably question his being able to ascribe *any* effect to the administration of three grains of ipecac in thirty-six hours!! And that too in a disease than which we perhaps have none more commonly fatal to the infant. A disease, in the treatment of which we ought clearly to keep in view the correct principles of action; and in administering any remedy for the relief of the disordered action present, should see clearly our reasons for using such remedy; and having decided upon one to apply to the case in hand, we should of course administer the same to the result of producing the peculiar action upon which its virtues most clearly depend. With regard to using this class of remedies with a view to their emetic effect, there exists a diversity of opinion; and therefore upon this as upon most other questions in practice, we are to rest upon our own judgment, based upon our ability to weigh all the circumstances in the particular case before us. As an *emetic, in the commencement of severe cases*, we have often derived advantage from the employment of antimony; and the same appears to have been the experience of others, (Condie, Cuming.) Emetics are contra indicated in some conditions of the system. In all cases where *the phlogistic diathesis prevails* they ought not to be administered until after blood letting has been employed. * * * * We must admit however, that when the inflammatory symptoms run high, they are at least of doubtful efficacy.—(A. T. Thompson, Cyclopedia of Practical Medicine.) They (emetics) may justly be reckoned the most powerful agents we possess to produce expectoration,—speedy in effect, and often complete in relief. In bronchitis and other cases where an accumulation of mucus in the air passages, the *breathing and pulmonary circulation greatly oppressed, and the patient under much suffering*, the change thus produced is sometimes surprising in degree, and such as we can obtain in no other way. * * * * Even in cases of actual inflammation of the lungs I believe the risk of their use to be greatly exaggerated.—(Holland.) I need not tell you that the tartarized antimony is not given in this disorder (pneumonia) with the object of producing vomiting.—(Watson.)

I repeat that the correctness of our own judgment, exercised in the particular case before us, is the only guarantee we have for our success in the administration of emetics in this or any other instance. We here

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clearly see that there is direct opposition to the use of emetics, not only in the case under consideration, but in *all* cases where the phlogistic diathesis prevails, previous to the reduction by other means. Why this opposition—why this sweeping conclusion, against the use of one of our most effectual antiphlogistic agents? I doubt not there are many ready to affirm, that they have given emetics in cases of acute inflammation accompanied by high arterial excitement, with a most happy effect. This is the result of our limited experience. And all such as are in the habit of administering this remedy in cases where it is so positively interdicted in the above sentiment, would of course be gratified to hear the arguments in favor of such interdiction. *Reasons* the author has not favored us with,—but *one* reason he advances to prove (as I suppose) that they are not only to be avoided in pneumonia before reduction by the lancet, but in *all* cases where much excitement existed.

Here we have it; we must admit, however, that when the inflammatory symptoms run high they are of doubtful efficacy. In pneumonic affections also, they ought not to be used until after reduction by the lancet. As pressure is necessarily applied to the descending aorta during the act of vomiting, there is a temporary interruption of the pulmonary circulation, and the blood is returned with difficulty to the head, consequently vomiting should not be induced in states of the habit predisposing to *appoplexy*. Who will question that they ought to be avoided in all cases where we have reason to fear this result upon the brain? And also in prolapsus of the uterus, in hernia, in advanced pregnancy, and in cases of great debility. But does it follow that they are not to be applied in the early stage of inflammatory fever? We think this cannot be taken for granted.

But to bear more directly upon our subject. It is not intended to be understood that emetics are indicated in infantile pneumonia, except, when there is an imperious demand for the removal of the superabundant amount of mucus, the collection of which is so invariably an attendant—and its removal so difficult (I might say impossible) in cases of this class by any other means. We assume then, that emetics can be and are given in the commencement of infantile pneumonia, and that too, with or without the previous use of the lancet, with entire safety, provided there be no special circumstance to contra-indicate their use. We further hold that to derive benefit from the use of nauseants, we must administer them to the effect of producing a decided impression—that impression resulting in a decrease of the frequency and force of the pulse—in an abatement of external heat—in lessening the rapidity of breathing—and in rendering the cough entirely loose, and the ejection

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of the collected mucus easy. The question next arises, what amount will produce this effect, and keep it up as the case may require? Will one-fourth of a grain of ipecac, given every three hours—or in other words, three grains in thirty-six hours, given without regard to the presence or absence of an exacerbation of fever, produce this effect? I answer that in giving any remedy with a view to a certain effect, we must of course give it until that effect is produced; the periods of administration, and the amount given at each period, to be governed by the effect produced. We farther contend that the time for the greatest benefit to result from nausea, is at the commencement of and during each exacerbation of fever—and that the vigor with which this effect is kept up must be governed by the violence of the attack—the strength of the constitution—and the ease with which the different conditions before referred to can be brought about and kept up.

With regard to the other means, in common use, in treating this complaint, it may be profitable (though contrary to our original intention) to make a few remarks. The use of cathartics is no doubt pushed to an extent pernicious in result, although a free evacuation in the onset is of course desirable, but this sort of exhaustion, as the injurious effec of their condition, must be familiar to all. We must of course avoid all means which will reduce the strength of the general system, except such as act primarily on the local disorder present—counter-irritation is also an agent when properly applied, which produces marked results, but would not its more general and free application to the extremities in the acute stage, be productive of greater benefit than its after application to the chest. Although its direct application to the chest with the use of calomel (when not contra-indicated by delicacy of constitution or other peculiarity) forms our main dependance in the sub-acute and chronic forms of this complaint.

On the subject of diet too much stress cannot be laid, in this as well as all other forms of inflammation. To portray this in its most vivid light I cannot do better than to quote the language of Dr. Barlow, (Cyclopedia of Practical Medicine.) During the acute stage of fever or inflammation, abstinence is essential; and so long as they continue active the standard of diet can hardly be too low. Simple diluents are all that the stomach will bear, or the patient require, and even with these, the stomach should not be oppressed, so powerful is mere abstinence in abating fever, that it might almost be laid down as an axiom, the more perfect the abstinence, the less will be the need of medical agency. We thus have in a few words, the sum total of what is required to impress the importance of this point in the treatment of the

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phlegmasia. But it may perhaps be further added with profit that without decisive adherence to the proper rules on this point all other means will be rendered nugatory.

The subject of air and temperature also equally demand the exercise of our judgment. Whatever may be the received opinion and mode of practice on this point at the present day, not many years have elapsed, since the scrutiny of the medical attendant was directed to the discovery and closure of the minutest aperture through which the patient would be liable to receive a breath of fresh and pure air. But now in place of seeing every aperture closed (even the key hole,) the patient loaded down with blankets, the bed enshrouded in curtains, and the temperature kept at 80 or 90° Far., we see strict regard paid to the comfort of the patient, the amount of covering is reduced to suit his sensations, and the refreshing breeze is allowed to waft through the sick chamber, there to exert its healthy and soothing influence.

ART. 2.—*A Case of Congestive Fever.* By JAMES STANHOPE PEACOCKE, M. D., *of East Feliciana, La.*

Permit me to give you a case of Congestive Fever as it appears in this section. This particular one had nothing remarkable in it, but as it may prove interesting to some of your readers, you can if you will, admit it into your columns.

Diana, a colored woman, aged about 30, was seized with what was considered to be common intermittent fever, some slight cathartic had been administered, and a portion of quinine, but as her owners noticed a peculiarity in her case, medical advice was sought. Upon enquiry, I obtained the following items of information:—viz. She had in the onset of the attack, complained of great weakness, indisposition to action, soreness of limbs, inability to act, or think, loss of appetite, shrinking of the extremeties, which were a few degrees lower in temperature than her body, thirst, conjunctiva of a deep yellow. She had two distinct chills, followed by a slight febrile paroxysm. Her bowels had been with difficulty moved. These had been some of the symptoms noticed by her attendants. When I first saw her she was in the following state, slightly comatose; complained of great gastric distress, pulse lower than natural, skin dry, and harsh, tongue of a reddish brown, and foul, a few sordes on the teeth. There had been some medicine administered by her nurse, and wishing to see its effects, having made my diagnosis, and not seeing any thing alarming, I rode off, after giving some general directions, promising to call again in the evening. (It may be as well to state that,

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my diagnosis was *intermittent fever.*) I had not, however reached home, from another patient's, before a messenger came at full speed for me, saying that "the woman was making her last licks." I found her in a more comatose state than when I left, a cold sweat over her body, extremities cold and shrunk, eyes closed, or nearly so, pulse sinking, intense heat about the abdomen, breathing hurried, and countenance resembling one dead. Upon examination I found good reason to change my diagnosis, and term the disease *congestive.* As soon as a hot bath could be got ready, (for she was going into a stage of collapse rapidly,) she was immersed in it, and frictions of brandy, hot oils, and turpentine were used. Ammonia was used internally with the brandy in a considerable quantity, also about a 3 oz. vial of æth. sulph. After she had been in this bath (of many ingredients,) about 10 minutes, I found all the bad symptoms disappearing; her pulse became softer and more natural, her breathing more free, skin more soft, abdominal heat not so great, and in fact there was an evident improvement, (I found that she had had an evacuation while in the bath.) After waiting until reaction was fully established I gave her a cathartic of Cook's pills, No. vi, for she was very much confined in her bowels. In the evening I again saw her, but under a different aspect; her pulse was full, strong, and bounding, and really she was laboring under a high degree of vascular excitement. I immediately used V. S. ad. del., and reduced the tone and volume; she soon broke out into a gentle perspiraton, and slept:—The medicine had not operated; I left directions if it had not done so before three P. M., to administer ol. ric. ʒii, and at bed time if needed a cath. enema. This was on the 10th of August. 11th, pulse soft, and full, medicine had acted well, bowels still a little constipated; ordered gruel enemes, and dov. powd. *Same evening*, symptoms of congestion approaching. Hot bath as before—at night, slight fever; use saline diaph., pulv. dov., continued. 12th, improved, tongue cleaner, gastric irritation; cup over stomach; porta. *Evening*, blist. over epigast. and lumb. region. sulph. morph., 1 gr. 13th, convalescing, irritation of bowels, mucous in stools, liver inactive. ℞. hyd. sub. gr. xii, opii., gr. ii., M. ft. Pul. in *aa* d. hora: secretion of urine impeded slightly.

14th, suppression of urine, I cannot tell what it was caused by, probably extension of irritation, or the absorption of the cath. but the receipe relieved her. Opiate.

15th, convalescing, small portions of calomel and opium.—enema if confined.

℞. Amon. Mur. gr. v.
G. Camph. gr. iii.
M. ft. Pulv. 1 every 2 hours.

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16th, Commenced quinine, I found some nervous excitement, and administered the quinine and opium together, which I have done repeatedly in the like cases with the most beneficial results. From this date the patient continued to improve, and on the 20th I discontinued my visits.

℞. Sulph. Quinine gr. viii.
Opii. Pulv. grs. ss.
M. ft. Pulv. ii, 1 gr. every 2 hrs.

This is only one of the many instances in which if a bold and decided treatment is not pursued, the case will terminate fatally. We must at the same time be on the alert, for reaction sometimes determines the fate of an organ, and the very first symptoms of a morbid action set up in any structure, must be combatted in the primary stage, before any structural lesion can take place. In any strong, and well marked cases of a congestive type, we find one organ, which seems to bear the onus of blood, the spleen it appears suffers most frequently, being as it were a reservoir, in cases of internal congestion, but at other times the liver we find, also the stomach, and lungs, will be overtaxed until, if not relieved by proper treatment, we see that they fail, and sink, making a clear breach through which the monster, Death, may enter.

ART. 3. *A case of the disease of the Brain, by* JAMES KYLE, M. D., *of Rodgersville, Alabama.*

In the vicinity of my residence, Rodgersville, Alabama, I was called to visit Mr. R., who was then, and had been for some days previously, laboring under an Ague and Fever of a quotidian type. Mr. R. is about 25 years of age, of a good constitution, and was free at the time of my first visit, (Oct. the 3d,) from any visceral or local disease of any kind. As he had but little fever, and his skin moist, I prescribed a medium dose of sul. quinine, and calomel, which stopped the paroxysm, and he bid fair to make a rapid convalescence, for four days subsequently, when he began to eat freely of bacon, and other highly nutricious food. On the third day after he had thus indulged in the bounties of the table, I was called to visit him again. I learned he had had no chill since my first visit; but he had been for forty-eight hours laboring under a violent fever, and raving delirium.

I will now state accurately, all the morbid phenomena, as they presented themselves at this visit. Countenance wild, furious, pupils contracted, conjunctiva red and watery, intellect almost complete aberration, head hot, temporal arteries throbbing violently, thorax free

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from disease, but breathing rather quick, abdomen no evidence of anything abnormal, with the exception of slight tenderness on firm pressure over the stomach, circulation, pulse quick, hard, full and bounding; skin, dry, hot every where, but the extremities, which were cool and livid, flush on the cheeks; tongue moist, white, and pointed.

Treatment.—Bled the patient in the course of four hours nearly two quarts, and cupped the head and epigastrium several times the same evening, and gave 20 gr. of calomel; meanwhile, had cold effusions almost continually applied to the head, during the succeeding night. The next morning he was much more calm, and rational, tongue appeared slightly palsied, head more cool, heat at the surface much abated. Bowels had been acted upon by the calomel, pulse frequent, quick, and feeble. When I visited him again the same evening, I found him completely comatose; breathing slow, and stertorus; eyes turned up, pupils dilated to two or three times their ordinary size; the fingers drawn to the palms of the hands; arms firmly fixed on the body, with frequent spasms of the whole body and extremities. Ordered the sides of the head and occiput to be shaved, and blisters to be applied thereto, and blisters to the extremities. These were permitted to remain till the following morning when I visited him again. His appearance then, was a little better, he could swallow and make some efforts to talk, neither of which he could do the night before; and the spasms had very much abated in violence. He was however delirious, and his pulse was so feeble and quick that I could not count them. I of course, regarded the case as nearly hopeless. As I had accomplished all I could by the antiphlogistic treatment, and revulsives; I thought that the time had arrived for a change of treatment. I accordingly gave him 20 gr. doses of quinine. In a few hours after he had been on this treatment, I had a private interview with Dr. Crittenden, of Alabama, (whose professional abilities I am always proud to acknowledge,) who assured me that from experience in a similar case, that he had derived the most signal benefit from teaspoonful doses of spirits of turpentine, in conjunction with five gr. doses of sub. quinine, given every four or five hours. I immediately put my patient on the above treatment; and he gradually improved under it. The turpentine and quinine were continued for four or five days, but the doses were gradually reduced after the first day.

Under the influence of these remedies, Mr. R. made a rapid convalescence, with no bad consequences, save a slight paralysis of one arm and hand, which continues to the present, fourteen days from his attack.

So stimulating and potent agents as spirits of turpentine and quinine, would seem to be contra-indicated in a disease, which was character-

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ized by all the phenomena of acute *inflammation of the brain, or its membranes.* Such, however, are the facts as detailed in the above case.

The Editor of the Western Lancet, would do me a favor, (if he sees proper to publish this,) to state in his next number, whether, or not, the phenomena, as stated in the above case, are, according to medical authors, regarded as characteristic of inflammation of the brain, or its membranes?

[Inflammation of the *substance* of the brain, undoubtedly existed in the above case; and these are the evidences—*delirium and paralysis.* Systematic writers seem to have no difficulty, *on paper*, of distinguishing between arachnitis and other inflammatory affections of the brain; but we apprehend that in actual practice—at the bed side—the diagnosis is more embarrasing. We apprehend that inflammation of the membranes, (except of the dura matre,) seldom exists without implicating the substance of the organ, to a greater or lesser extent. The most prominent symptoms enumerated by authors, as characteristic of *arachnitis*, are *delirium and convulsions.* Now, neither of these conditions can occur without the disease extending to the substance of the brain. The remidies in the above case, that is, quinine and turpentine, were administered when a state of collapse was evidently supervening, and after depletion and revulsion had subsided the active inflammation, the course, therefore, was perfectly philosophical, and the only one that could have saved the patient. There was probably some sanguinous effusion, in the substance of the brain, as evinced by the persistent paralysis.—EDITOR.]

ART. 4.—*Lecture on Structural Diseases of the Intestinal Canal.* By C. J. B. WILLIAMS, M. D., Prof. &c., at University College.

We have now to consider what may be called the *structural diseases of the intestinal canal.* We have already glanced at many of the modes in which structural diseases take place from inflammatory action, both of the acute and chronic character; and we have had occasion to observe that many functional diseases arise in consequence of previously existing structural derangement, more particularly those diseases of structure that interfere with, and obstruct, the passage of the canal. These lesions naturally interfere with the alimentary function, more so, perhaps, than structural diseases in other organs, unless that disease is very considerable. We have already noticed ulceration as a variety of structural disease, and also thickening of the coats of the intestinal canal. This thickening constitutes a state of stricture, which may exis-

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in the stomach, but more particularly in the intestines. Those persons who have labored under chronic or sub-acute gastritis, frequently occurring, are apt to have their stomachs ultimately thickened; and gastritic dyspepsia, unrestrained by treatment, and re-excited again and again by stimulating food, is apt to lead to this result. In the stomachs of drunkards there is a thickening of the submucous coats, and the mucipa-rous glands are very much enlarged, and hypertrophied. When this thickening affects the central portions of the stomach, it sometimes produces no very remarkable symptoms. The most common effect to which this thickening gives rise at the pyloric end, is a difficulty in the passage of the food from the stomach into the duodenum, with painful feelings, and indigestion. An individual, under these circumstances, will offer all the symptoms of scirrhus, and stricture of a malignant character, and this is not to be distinguished so much by the nature of the symptoms themselves, as by the progress and change they exhibit. The obstruction to the passage of the food causes very painful feelings three or four hours after. If, on the other hand, the cardiac extremity of the stomach is affected (and this is a much more rare case,) the œsophagus is not unfrequently implicated, and there is more or less difficulty in deglutition. There is likewise apt to be wind in the stomach, causing flatulence; and these accumlations do not readily escape, whether there be thickening or not. This occurs also in malignant stricture of the cardiac orifice. Stricture may also affect the intestines as I shall mention afterwards.

I now advert to the general character of *scirrhus of the stomach.* Scirrhus usually appears to commence in the submucous texture; but it subsequently invades the other textures. The symptoms of scirrhus are very uncertain, and depend very much on the part of the stomach which is affected. There is often pain and uneasiness complained of, and referred to some particular part; and with this, there may be symptoms of obstruction to the function of the stomach. When the disease is at the pyloric end, there is uneasiness, pain, nausea, and vomiting, at a certain period after eating. When digestion is completed, and food has to be passed, then the resistance is felt. Again, with regard to the other, or cardiac orifice, there are symptoms of difficult deglutition, and there seems to be great constriction referred to the œsophagus and the whole throat, with a tendency to expel wind, without the ability to do so. Gastrodinia and pyrosis are present when the affection is at the cardiac end, but are less common than when it is at the pyloric end. Now, these symptoms may arise from a stricture of a non-malignant character. They may arise from contraction of the canal, and the con-

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sequent obstruction to the passage of the food; therefore to judge of the presence of scirrhus, we must take other circumstances into account at the same time. The age of the patient must be considered. In most cases, it affects persons about forty or fifty years of age. I have occasionally seen individuals, as young as twenty or twenty-five, affected with scirrhus. In scirrhous affections of the intestinal canal, there is a remarkable complexion generally observed: a peculiar sallow hue of the skin, seeming to arise from a kind of anæmia, or deficiency of blood in the whole system, together with a kind of cachetic appearance; and after the disease has existed for some length of time, this cancerous hue becomes very marked. Then, again, we judge by the permanency of the symptoms. They are much more permanent in scirrhus than in common stricture; for, although common stricture may be a permanent affection, it is liable to be aggravated by temporary causes, such as indigestion, and various articles of improper food. But in the case of cancer or scirrhus, where the disease is once established, there is a tendency gradually to increase—a progressive tendency, which would confirm the suspicion that the affection is cancerous. There is, likewise, more marked emaciation observed in scirrhous affections, than in any other disease, and this becomes a chief means of distinction. There will be found, in connection with scirrhus, in by far the greater number of instances, an appearance of swelling in the region of the stomach, on careful examination. The symptoms of obstruction do not go on long, without the cancerous mass accumulating to such an extent, as to form a perceptible tumor in the region of the stomach. This may be felt in several situations; the most common being between the epigastrium and the hypochondrium. It is when it is seated at the pyloric end, that it produces the symptoms I have already alluded to: pain, distress, and vomiting, some time after taking food. On careful examination, when the patient's stomach is free from food, there will be found to be a resisting point, generally between the umbilicus and the right hypochondriac region. Sometimes, the tumor is immediately over the descending aorta, where it occupies the lesser curvature, at the posterior part of the stomach, and it has in some such cases, been mistaken for aneurism. A pulsation may also be felt here, which is communicated upwards and outwards. In aneurismal tumors, the pulsation exists on all sides, whereas, here it only extends upwards, or in a direction upwards and outwards. Then, as I said before, this swelling, in scirrhus, will be attended by various symptoms of chronic dyspepsia, and of obstruction to the passage of the food, three or four hours after eating; and this, in conjunction with constitutional symptoms. When at-

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the cardiac orifice, there is, then, uneasiness immediately after taking food, cardialgia, pyrosis or waterbrash, and constriction of the œsophagus. There are also symptoms present, similar to those we find in the more aggravated forms of dyspepsia: frequent vomiting of various matters, sometimes merely food, with a little mucus and bile mixed with it; but, after a while, a black matter is thrown up, something like coffee grounds. This appears to be blood in an altered state; but sometimes hæmoptysis occurs, and blood itself is vomited. This constitutes one of the most distressing symptoms, and, if very severe, it occasions the death of the patient by the inanition it produces. The vomiting is exhausting, both from the quantity of matter brought up, and from the efforts made. Do not, however, suppose that this is always present in cancer of the stomach; cancer of the stomach sometimes exists without any vomiting, or other distressing symptoms, being produced. I have myself had two or three cases of this kind. Vomiting, distress, and so forth, are connected with diseases affecting the orifices, involving the pyloric or the cardiac openings. Remember, too, that the symptoms of scirrhus of the stomach may resemble those of either of the varieties of indigestion I have mentioned. Such, indeed, is the form in which I have seen it developed in the highest degree. It is, here, connected with atonic dyspepsia, a want of power of the organs generally. The tumor, or swelling, when considerable, likewise produces other effects. When at the pyloric end, it very frequently presses on the adjoining parts, as the gall ducts, and hence may produce jaundice; it embraces in its cancerous claws the curvature of the colon, causing stricture of the intestine at this part, and, consequently, constipation. It has been known to involve the veins of the abdomen, and to give rise to dropsy. The causes of this disease are involved in some obscurity; there is, however, little doubt but that the various exciting causes of indigestion will, in persons hereditarily predisposed, or otherwise in a way we cannot define, develop cancer and scirrhus of the stomach. Habitual intemperance, mental depression, and particular trades—such as that of shoe-makers, from the posture they sit in—such are the exciting causes of the gastritic form of dyspepsia, a low kind of gastritis; and it is in such persons, principally, that the cancerous diathesis seems to be developed. There is but little doubt, that inflammation, long continued, or frequently repeated, will develop scirrhous disease in persons of a bad constitution.

The treatment of structural disease of the stomach will be similar to that adopted in the different varieties of dyspepsia, modified according as one or the other of the above-mentioned symptoms become developed.

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One reason, why I dwelt more fully on the treatment of functional diseases, is, that these latter are, always, more or less predominant in connection with structural disease. They are not to be distinguished one from the other, generally speaking; the treatment, applicable to scirrhous and structural diseases, is that available in gastric dyspepsia, or chronic gastritis. When there are symptoms of obstruction to the passage of the food, it is at once suggested to us, that lighter aliment ought to be taken; the quantity used at a time should be small, and not in too compact or solid a state. It should be liquid or gelatinous; jellies and broth are useful. It is also necessary to aid the digestive process by nutritive injections; as the stomach cannot contain enough food to nourish the body, it is found useful to inject broths and gruel, in sufficient quantities, into the rectum daily. When the pain is severe, of an inflammatory character, and is accompanied by great tenderness soon after eating, local depletion and blisters may relieve it; and when of a more permanent or specific character, then narcotics are necessary. The narcotics that answer best are: conium, henbane, aconite, stramonium, and belladonna. Opiates should be our last resource; for, although more powerful than any others, they derange the health more, and constipate the bowels. The symptoms, too, are sometimes relieved by such remedies as I have stated to be useful in chronic dyspepsia: such as nitrate of bismuth, and nitrate of silver in small doses. The vomiting, as well as the pains, may be relieved by a little hydrocyanic acid; salines and alkalies are sometimes useful. It is necessary in these cases, as in dyspepsia, to get the bowels regular; and, therefore, we should use aperients, and even mercury in its mildest forms, to unload the liver.

Organic and *structural diseases* of the *intestines*, come under the same remarks as the corresponding diseases of the stomach, whether non-malignant or malignant. The non-malignant may arise from the different causes I have mentioned: a thickening of the submucous coat, which may increase to such an amount, as almost to obliterate the canal. When obstruction takes place, then the mischief and disturbance begin. This thickening or deposit has a tendency to contract. The stricture does not take place all at once; the patient may live for years, the stricture meanwhile gradually accumulating, so as to reach its greatest degree: the tissues gradually contract, and thus diminish the canal: the patient, by degrees, finds the necessity of taking food of particular kinds, so as to keep the bowels in a relaxed state, and the mode of life is adapted to this remarkable change of structure. It is just the same, in structural disease of the heart. Structural disease may, likewise, consist in adhesions from false membranes, deposited on the surface of

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the peritonæum, and hernia and intussusception be thus formed. The inflammations, whether of the chronic or acute character, that originate all these changes of structure, very commonly commence in the colon, the rectum, or the ileum. It is necessary to be very guarded against attacks of enteritis, to subdue the pains, and keep the bowels in a free state for some time afterwards; because the causes of obstruction and stricture may, at any time, be developed from obstinate constipation, and its consequences—colic and inflammation. Remember what I said with regard to colic. When fæculent accumulation takes place above the stricture it is difficult to get rid of it; though so long as the fæces pass this point, and the peristaltic action is complete, they may be rejected; but should accumulation take place, then there is obstinate obstruction and colic, ileus and inflammation, terminating in perforation, exhaustion and gangrene. Ulcers are frequently observed in the neighborhood of the strictured parts. There is a tendency of the ulcers to form fresh passages by perforation, and sometimes fatal consequences have ensued from this cause. Fistulous abscesses have communicated with the external parts, and an artificial anus is thus produced. Sometimes the matter does not empty itself into the peritonæum, but it gets between the muscles of the abdomen, or under the integuments, forming intermuscular abscesses, extending over a large surface. Now, malignant disease, or scirrhus, of the intestines, is, generally, gradual and progressive; when once established, it grows independently of the application of exciting causes, and consequently, the symptoms gradually increase, and become more aggravated. Tumours may often be found in various parts in connection with this disease. They are, however, found in other states, in the region of the intestines; and we often meet with large tumours in the right iliac region, as also in the left, which are not removed when the bowels are put into a quiet and natural state; the constipation is removed, but the tumour still remains, and is often the seat of great uneasiness; and this appears to depend on a considerable thickening, not only of the intestine itself, but also of the adjoining parts. In the case of scirrhus, the tumour is of a more definite character, and harder, and is felt more distinctly. In scirrhus of the rectum, the evacuation of the fæces is rendered more difficult. The treatment of stricture of the intestines is suggested, in some measure, by that of the stomach. It is of importance not to administer too much food at one time; the diet should be restricted to small quantities, frequently repeated, chiefly of milk, containing mild farinaceous food, and a small quantity of animal matter, neither much in bulk, nor too stimulating in quality. It is of the greatest consequence to keep the bowels

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free, and to maintain the fæculent matter, throughout the intestines, in a slightly liquid state. The difficulty is to keep the stools in a proper state, and to give medicines that do not irritate much. The medicines which answer best, are: castor oil, sulphur, sulphate of potash, and the milder forms of pills: such as, rhubarb, with a small quantity of gamboge and colocinth, diluted with soap, and combined with a little conium or henbane, and a small quantity of blue pill now and then added. It is often necessary to aid the operation of all these, by injections. These medicines should be taken habitually: it is not enough to take them occasionally, but they should be daily administered. Some kinds of food are found greatly to assist the bowels. Scotch porridge, taken at night, will have this effect; and barley gruel, taken freely as an article of diet, instead of weakening, will be found to strengthen, the stomach. Confection of senna, is also a very good medicine in these cases. In stricture, or obstructions from thickening, which are not scirrhous, great relief is often obtained from repeated doses of mild mercurials, which, if they do not remove the obstruction, certainly seem to check its progress. When a person has had a bad attack of constipation, the bowels are very apt to be out of order for some time afterwards; obstructions are apt to occur from time to time. The patient, here, requires the gentle influence of mercury, repeated at each recurrence of the attack. In the case of scirrhus, the advantage from the use of mercury is not so great, and it is necessary to use narcotics.

I will now, briefly, refer to *intestinal worms*—parasitical animals formed in the intestines. These are of three kinds, which are especially worthy of notice. The *round* worm, the *thread* worm, and the *tape* worm. The round worm, the *ascaris lumbricoides*, or *lumbricus teres* is found in various parts, chiefly of the upper portion, of the canal. It has been found, also, in the gall ducts, and has been known to make its way into the substance of the liver. This form of worm varies from an inch and a half to twelve inches in length; sometimes it is only solitary,—but, in some instances, a great number have been found together. In one case, it is said that five hundred were vomited in a fortnight. Dr. Hooper mentions a case, in which two hundred were passed, upwards and downwards, in the course of a week. They appear to feed on the mucuous of the intestines, and to be produced by a diseased state of the bowels. Colicky pains, swelling and hardness of the abdomen, slimy stools, the appetite very aften in excess or variable, fœtid breath, loaded tongue, bowels very irregular, irritating discharge from the nose with a great tendency to pick it, starting in the sleep, with convulsions, pallidity of the face, dark circle around the eyes, dilation of the pupils,

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loss of flesh, and all sorts of convulsive affections:—such are the signs which have been associated with worms. But some of them exist without worms, and some arise merely from intestinal derangement, particularly in young subjects; and, again, worms may exist without any of the foregoing symptoms. However I think we are justified in supposing that they are concerned in producing some of these symptoms, inasmuch as the removal of the worms is followed frequently by the cessation of these symptoms; so, likewise, it appears that the presence of worms in the intestines aggravates other diseases of every description. I remember the case of a child who had a severe form of hooping-cough, so severe, as to threaten some affection of the head;—in fact, the child had convulsive fits. I found that the child passed some round worms, and then the hooping ceased. The worms, no doubt, proved the source of the reflex irritation, increasing the excitability of the spinal marrow, in a direction remote from the source of affection.

The next variety is, the *ascaris vermicularis*, or thread worm, as it is commonly called. It varies in size, its length being usually about half an inch. The rectum is the habitat of this animal, where it exists in myriads, and passes out in numbers into the bed upon which the patient lies. They are exceedingly troublesome and irritating, particularly at night. The patient when he becomes warm in bed, feels *tenesmus*, and a desire to go to stool, and a slimy mucuous is evacuated. Sometimes, other symptoms of irritation take place, and the urinary and sexual organs share the irritation of the rectum, and with a frequent desire to make water, there are troublesome erections, and so forth. Sometimes, however, curiously enough, *ascarides* will exist in persons of very good health; and we are not sure of their presence, until we see them ejected from the body. This is the second variety of worms.—The *tænia* I must mention to-morrow.—[Medical Times, p. 53.

ART. 5—*On accumulations of Fœculent Matter.* By A. W. CLOSE, ESQ., *Manchester.*

The mere accumulation of fœculent matter in some portion of the large intestine, very often produce serious functional disturbance, and, not unfrequently, organic disease. The whole of the canal, to the sphincter ani, is subject to accumulation and distention; in the transverse arch of the colon, and in the rectum, this often takes place to a great extent. From pressure on the sacral nerves, and on the veins returning from the lower extremities, the patient complains of more or less numbness, neuralgic pains, heaviness in the movement of the limbs, and venous

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swellings. From pressure on the hypogastric plexus, and from the connection which that holds with the pneumogastric nerve, by means of the solar plexus, the functions of digestion and of the sensorium are considerably disturbed. From the arterial current to the lower extremeties being impeded, more blood is determined to the head, occasioning headache, cerebral torpor, vertigo; and from the excrement (which in its natural state is consistent, soft, homogeneous, and cohesive) becoming hard, knotty, friable, and dry—an abundant source of impurity to the blood is created. The following case illustrates the subject:

E. S., a housemaid, came under my care in Sept. 1842. She stated that, about six months previously, her ancles and legs began to swell, the veins became large (varicose), and a sore formed on the front of the tibia of the right leg. She consulted a respectable practitioner of this town, under whose care she remained more than two months. The ulcer healed, but her general health rapidly declined; she lost her appetite and strength; amenorrhœa succeeded; her abdomen began to enlarge, and continued to do so up to the period when I saw her; she was suspected to be *enciènt*,—in fact, to the eye of the superficial and casual observer, she presented that appearance. At length, she was obliged to quit her place of service, and attended for some time as an out-patient at the Royal Infirmary, and was finally dismissed as incurable.

A very slight examination served to convince me that the abdominal enlargement was tympanitic. The varicose condition of the lower extremity having been the first abnormal symptom which presented itself, my attention was directed to it. What obstacle existed to the venous circulation?

No solid tumor could be detected either in the inguinal or abdominal regions; no enlargement of the liver. The only supposition that occurred to me was:—there may be accumulation in the cœcum or colon, and my treatment was directed to *that* indication. She was ordered to take gr. v. of the pil. aloes c. sapon., of the Edinburgh Pharmacopœia, three times a day. Large fæculant motions were produced: the swelling of the legs and abdomen was gradually reduced; the appetite returned. In two months, the catamenia re-appeared, and up to the present time she has continued well.

I know of no better combination in cases of constipation arising, either from sluggish, torpid, condition of the intestine, or from a deficiency of bile, than the aloes and soap. The latter seems to act as the *adjuvans*, *corrigens*, and *constituens*, to the former.

Another case recently came under my care. A charitably disposed person requested me to visit Mrs. M—, æt. forty-five of Ardwick. She

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stated that she had been a regular attendant at the Ardwick and Ancoat Dispensary, and afterwards at the Royal Infirmary, for upwards of twelve months. She had been for some time, and was then, unable to leave her bed; complained of weight and distention of the abdomen, loss of appetite, restless nights, and excessive debility. There was considerable abdominal enlargement, of a tympanitic character, and I thought I felt the transverse arch of the colon hardened and indurated. I gave her the aloetic pill, with small doses of calomel, which produced very copious, black, and exceedingly offensive evacuations. In a fortnight, she was able to attend to her ordinary household duties, and declares herself to be in a much better state of health now than for many years.

Such cases are of frequent occurrence. These I have selected, because they had previously been under the treatment of talented and careful medical practitioners; yet the simple cause of the morbid condition had not been suspected.

Since I wrote the foregoing, I have observed that Professor Williams, in his very valuable lectures now being published in the *Medical Times*, alludes to such cases. He says: "I have seen such patients who have had the appearance of advanced degrees of dropsy, and who have been pronounced to be labouring under organic disease, and tumors of various kinds. I remember the case of a patient, who, when brought into the hospital, was supposed to be affected with organic disease of the abdomen, and had been treated for such, for some time, in whom the abdomen had been distended for six or eight weeks to a very great degree, insomuch that the cartileges of the lower ribs were turned out,—and yet all the tumor vanished after a purgation of some days, and was produced solely by a vast accumulation of fæculant matter."

When the accumulation takes place during pregnancy, it gives rise to symptoms of a much more active and formidable nature. I could relate several instances, the history of which is similar, in all respects, to the following:

Mrs. S—, of Hulme, had been going on well, for ten or twelve days after her accouchment, in January last, when I was hastily summoned to her. She complained of severe pain in the site of the cœcum, upon which she could not bear the most moderate pressure; had had rigors, followed by a hot skin, dry tongue, and thirst. In short, the symptoms were those of peritonitis. Leeches and fomentations were applied, calomel and opium administered, and in a few days she seemed to be well; but, on the night of the 12th of February, I was again called to her, and found her suffering under the same symptoms. I then suspected that, although

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there had been an apparently free and regular daily motion, some accumulation probably existed. Suitable and repeated doses of the aloetic pill was given, evacuations of hard and scybalous fæces followed, and she gradually, but completely and permanently, recovered.

I have observed that this constipated and accumulative condition of the bowels is, not unfrequently, the cause of organic disease. The distinguished Professor, whom I have quoted, says, "organic changes may arise." I attended, in the year 1842, with Dr. Wood and the late Mr. Fawdington, surgeon, of this town, a schoolmaster, who died of carcinoma of the sigmoid flexure of the colon. In his case, the origin of the disease might be fairly attributed to the want of due attention to the regular action of the bowels; this, undoubtedly, is one of the most fruitful predisposing causes of the accumulation, and the main of the prophylactic treatment consists in inducing the patient to establish the custom of visiting, at a certain hour every day the *templum cloacæ*. Most of the published cases of carcinoma of the colon and rectum will be found to have occurred in persons of sedentary habits, or of such active occupation as has led them to neglect attention to the calls of nature. We should anticipate that such would be the case; the irritation produced by indurated fæces, if long continued, must give rise to that slow, chronic, insidious action, which will be followed by morbid changes of the adjacent textures—induration and carcinoma—particularly if there be a concomitant carcinomatous diathesis.

In conclusion, I may mention, that I have met with more than one case of labour, which has been retarded, and rendered tedious, by a rectum filled and distended with compacted fæces.—[Medical Times, p. 56.

SURGERY AND OPHTHALMOLOGY.

Art. 6. *Fungus of the Neck of the Bladder.*—The following case, which occurred in the wards of professor Velpeau, is curious, from the circumstance of the patient passing in his urine, after the application of a blister on the hypogastrium, a species of pseudo-membrane. This fact, though not so conclusive as those read before the Academy of Sciences, by Dr. Morel Lavellé, and published in the *Medical Times*, shows that cantharides has sometimes a peculiar action on the mucous membrane of the bladder, and that, in

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all probability, now that the attention of the profession is drawn to the subject, it will be found to be far more frequent than some practitioners suppose.

Case. Edward Postel, turner, ætat 36; though not of a strong constitution, still enjoys good health; the only disease he ever had was a prurigo, two years ago, which re-appeared last year; says he never was affected with blenorrhagia, but confesses that about eleven years ago he had several chancres, and suffered from hæmaturia. In 1830, he perceived that the urine did not flow as freely as formerly; no pain; these symptoms increased gradually, so much so that the stream became filiform, and the contents of the bladder were evacuated with considerable difficulty. In this state, he consulted Dr. Ricord, who sounded him, but the operation caused the canal to swell and produced ischuria vesicalis, which lasted thirty-six hours; he, therefore, entered the Hotel Dieu, and was placed in one of Dupuytren's wards. This took place in 1834. There, it appears, various means were employed, catheters kept constantly in the bladder, irrigations of cold water, but without any beneficial result. Dupuytren, having ascertained the presence of a foreign body attached to the neck of the bladder, introduced a *lithotriteur à trois branches*, and succeeded in removing a soft whitish fungus of the size of the thumb. The urine, after this operation, flowed freely, and continued to do so till about two years ago, when it began to diminish again, and this increased to such an extent that the catheter was requisite to evacuate the bladder. The patient, while performing this operation, stated that about a month ago, he experienced a sort of resistance, which he attributed to the presence of the fungus, and that he removed at the same time with the catheter, a portion of this fungus about the size of a pea, offering all the characters of that extracted by Duputren. 8th. Blister on the hypogastrium. 9th. About three pints of turbid urine, containing flakes of a substance somewhat similar to that secreted by the sebaceous glands, were removed by means of the catheter. 10th. Nothing new. 11th. Professor Velpeau sounded the patient, drew off some strongly scented urine, and in it portions of a membraniform substance, insoluble in the urine, heavier than water, and which fell to the bottom of the vase under the form of a pseudo-membrane: examined with a lens, it presented none of the characters of pus or mucus. 15th. A considerable quantity of urine, rendered turbid by the presence of numerous globules, like those of pus, but in no respect similar to the substance expulsed on the 11th, was removed. 24th. Prof. Velpeau introduced a *lithoblaste*, and after a few attempts succeeded in seizing and extracting a small fungus

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offering all the characters of encephaloides, and then with the *pinces a trois branches* removed several fragments of the size of a pin's head. Ordered a bath. Nothing extraordinary occurred, and the patient left the hospital twelve days after, much in the same state as when he entered. [Med. Times, p. 5.

ART. 7. *Enterotomia successfully performed in a case of Intestinal Obstruction:* Read by Dr. Maisonneuve.

Mrs. ——, ætat. 64, had been for the last fifteen years affected with a small bubonocele on the right side, about the size of an egg. As it remained stationary, and caused no inconvenience, the patient never wore a bandage. On the 27th April, 1844, on her return home after a long walk, the swelling increased rapidly in size, followed by pains, at first in the hernia, and afterwards extending to the whole abdomen, with nausea and vomiting. Dr. Prevost being called in, recognized instantly strangulated hernia, and attempted the taxis, aided by leeches, baths, purgatives, &c., but fruitlessly; and, as the symptoms increased in intensity, I was requested to see the patient, and found her, on my arrival, in the following state: extreme anxiety; violent pains in the abdomen; bilious vomitings; hernia of the size of the head of a fœtus, surface smooth, skin shining towards the apex; matity on percussion; fluctuation; abdomen tense; convolutions of the small intestines easily perceived through the parietes; pain increased on pressure. The operation, being urgent, was performed in the usual manner. For five or six hours after, the patient was easy, slumbered, and every thing seemed to promise a speedy and favorable termination, but, during the night, the accidents re-commenced, and no stools were obtained; although oleum ricini, calomelas, and several purgative enemata, were prescribed; the vomitings, at first of a bilious, and afterwards of a fœcal nature continued; and increased considerably on the 30th. 31st. The examination of the abdomen indicated that it was not peritonitis, but an obstructon, which was the cause of the accidents; and, as several clysters containing purgatives, combined with the infusion of tobacco, were inefficacious, a second operation was decided upon. At first, I was inclined to form an artificial anus, but, on reflecting that, perhaps, strangulation had taken place a second time at the abdominal ring, I determined, though with regret, to destroy the cicatrix, but, on examination, none was found to exist; consequently, it became necessary to seek the cause higher up. To effect this, some pseudo-membranes were

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first destroyed, with the right index finger, introduced into the opening; and then a portion of intestine was found adherent to the abdominal parietes, which, from its distended condition, evidently belonged to the portion of the small intestine above the obstruction. The adherences appearing sufficient to prevent effusion, an incision, three quarters of an inch in length, was first made, after which the intestine, seized with a pair of dissecting forceps, was cut transversely with a pair of scissors. A considerable quantity of fæcal matter flowed out instantly; but, as the opening appeared too small, it was enlarged, the more so as there was no danger of effusion, the intestine remaining firmly fixed. The patient, considerably fatigued by this second operation, which lasted some time, was replaced in her bed, and emollient poultices were ordered to be applied to the part. The ensuing evening and the next day, passed without any further accidents; and though very little fæcal matter escaped through the artificial anus, still neither vomiting nor nausea appeared. The third day, on a sudden, an immense quantity of fæces was ejected by the abnormal anus, and, after this evacuation, the state of the patient gradually ameliorated, the evacuations taking place through the opening made in the intestine, and nothing through the normal anus, with the exception of several scybale, on the 8th, though purgative enemata were administered.

On the twenty-second day after the operation, determined to endeavor re-establishing the natural evacuations, as the state of the patient was in every respect satisfactory; consequently I ordered the artificial anus to be stopped with a bit of lint, kept in place by means of a triangular bandage, and requested it might not be removed, unless the pain became intolerable. Two days only had elapsed, when, after a copious dinner, the patient was seized with violent colics, followed by an abundant evacuation by the natural opening. From this, the wound gradually diminished, the stools took place by the normal anus, preceded simply by slight colics, and on the 3rd July, (thirty-three days after the operation,) the patient was perfectly well.—[Ibid. p. 5.

Art. 8.—*Cataract. A Lecture by* Charles Gardener Guthrie, Esq., Jun.—Cataract, the *Glaukoma* of Hippocrates, *hupokuma kataracta* of Galen, *Suffusio* of the Romans, *Gutta Opaca* of the Arabs, was supposed by Galen and the ancient Greeks and Romans, to be a disease of the crystalline lens, which they conceived, also, to be the seat of vision. They soon found the impossibility of maintaining these two opinions, for they were fully aware that during the rude operations then performed

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for the removal of a cataract, something was removed from the axis of vision and depressed below the pupil; this they supposed to be an adventitious membrane, formed by a deposition from the aqueous humor which occupied the space behind the pupil, and formed, as it were, a curtain before the lens.

Kepler, in the year 1604, proved by experiments that the crystalline lens being diaphanous, was incapable of retaining or reflecting light, and could only be considered as a double convex lens, peculiarly adapted for conveying the rays of light to a focus or point at the bottom of the eye. The real nature and seat of cataract was only known to a few, although it was privately noticed, and even publicly announced, as early as 1651. In 1707, Antoine Matre Jan stated the fact rather as a discovery of his own, than as one he was about to confirm by his own observations. The works of Brissiau (1709,) Heister, St. Yves, Petit, and Daviel, in succession, completely established what Maitre Jan had advanced, and the different names which cataracts have since received, followed as soon as it was known what parts were concerned in the disease.

Cataracts were at first divided into true and false—true when the disease admitted of removal by depression—the only operation then known; —false, when the complaint could not be perfectly relieved by this operation; and they were said to be *doubtful*, when the appearances particu- of the nature of both. They were again named according to the peculiar qualities or appearances they were supposed to possess. Thence we have the hard or horny, the black, the stony, the amber, the grey, the cheesy, the flocculent, the fleecy, the milky, among the true cataracts; and glaucoma, protuberant cataract, tremulous or shaking cataract, and the abscess of the crystalline among the false cataracts; dryness of the crystalline, and attachment to its capsule, increase in size of the crystalline, and of its capsule, and a tendency to abscess, or ulceration, among the doubtful cataracts.

In addition to these there are cataracts from forcible displacement of the crystalline from external injury, spotted cataracts, congenital cataracts, membranous cataracts, from the formation of a new membrane behind the pupil; filamentous cataract; barred cataract; the starry or membranous cataract of the posterior capsule of St. Yves, or of the anterior capsule; the interstitial cataract, or of the humors of Morgagni, and the secondary cataract, or opacity of the capsule after a previous operation; the partial, or incomplete, when only a portion of the membrane is concerned; lenticular when the lens alone was supposed to be affected, mixed when the lens and capsule were diseased

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with diversity of substance; complicated when other parts were implicated; adherent where the cataract adhered to the iris; hereditary cataracts, where transmitted, or common in families; elastic cataract, dependent on thickness of the capsule and soundness of the vitreous humor; and the encysted or hydatid cataracts of a spherical form, in which a fluid is contained in an entire and opaque capsule, the lens being dissolved or absorbed; capsulo-lenticular cataracts, when the capsule is opaque as well as the lens marbled or variegated, window or latticed, stellated, central and dotted according as they resemble the things which are understood by these different designations; conical or pyramidal when the protrusion of the cataract into the pupil affected that form; siliquose or husky when it had a resemblance to a dried pea-shell; purulent or putrid, when accompanied by a cyst of purulent matter; and lastly, the arborescent, dendritic or choroid cataract, when a portion of pigmentum nigrum adheres to the capsule of the lens, which is not immediately perceived on a careless examination.

Cataracts have been termed ripe or unripe, with reference to their consistence, and the proper period for operation; but these terms are illusory. A cataract was said to be ripe, when it had attained a degree of firmness sufficient to admit of its being depressed, or extracted as a solid body. It was supposed to be in a state of maturity when of a grey, or pearly color, when the patient was only able to distinguish between light and darkness, or to see the shade of an object when placed between his eye and the light. When this could not be done, the cataract was presumed to have become old, adherent, and complicated. A cataract was supposed to be unripe when in a recent, or incipient, or soft state; when the patient could still see objects in a moderate light, and when it was presumed it was not sufficiently firm to admit of depression; in which case it was generally found of a whiter colour. The opinion founded on the hardness, or softness, of a cataract, as dependent on its duration or colour, is frequently contradicted by experience; for cataracts of fifteen or twenty years' duration, and of a pearly colour, have been sometimes, although rarely, extracted, quite soft; whilst others of a year's standing, and of a light colour, have been occasionally found hard. Many persons are met with suffering with soft cataracts, who are almost entirely blind; whilst others can still distinguish objects, and even colours, although suffering from hard cataracts. This difference is most frequently seen after the pupil has been dilated by a tropine or belladonna.

An important distinction ought always to be made between those cataracts, which have arisen constitutionally, and those which have

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occurred from local, or accidental causes, and especially with reference to the comfort of the sufferer, the local or accidental cataract being often confined under proper management to the eye which has been injured, either by external violence, or active inflammation, whereas, the constitutional form of cataract, is a disease which usually sooner, or later attacks both eyes.

We are unaware of its commencement, until our attention is drawn, to it by the symptoms attendant on its progress. It affects persons of all ages, but prevails among elderly and old people, males rather than females, and in them is almost always hard. It is found in the infant before birth, in which case it is usually soft, or capsular, but never hard. It occurs alike in persons of all temperaments, and has not been found to prevail in those of any known disposition, constitution, or idiosyncracy. Scrofula and syphilis have each been considered as assistants in its production, but there is not sufficient foundation for this belief, unless the organ has been attacked locally. It has never been shewn that persons have been more liable to cataract, who have suffered severely from the constitutional symptoms of either syphilis or scrofula. On the contrary, the general and equal appearance of cataracts in females of all ranks of society, and the little comparative difference between the sexes, even including the direct syphilitic affection, must be satisfactory to every reasonable person that syphilis has no share in the production of cataract as a constitutional disease, and the most careful investigations have not been able to discover that persons who have suffered constitutionally from scrofula, or who were still supposed to be liable to or had a predisposition for it, were more subject to cataract, than those who were considered free from it.

Rheumatism and gout frequently attack the eye, and cause blindness by rendering the lens opaque, but this is a local affection, dependant on a constitutional cause, and repeated careful observations have proved that opacities of the lens are not more frequent in persons who have suffered from gout and rheumatism than in those who have been exempt from those diseases. When gouty rheumatic inflammations attack the eye, and are not vigorously and properly treated, the complaint frequently terminates in opacity of the lens, which is not usually a cataract, but the more complicated disease called glaucoma, which is not relievable by operation.

Cataract in some people appears to be hereditary, although the transmission from parent to child seems by no means to be direct, as in consumption, gout, or scrofula; for few instances are recorded of its prevailing in families to such an extent as to render it remarkable. It

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may originate in one branch of a family, and attack, in succession, several generations, without affecting any of the collateral branches. It may, then, cease without any assignable reason. Sometimes it attacks only the males; whilst the females are exempt, or *vice versâ*. I have seen several children of the same family affected by congenital cataracts; and Janin, Morgagni, Petit, de Lyon, Richter, &c., all narrate similar facts.

The influence of the constitution on the formation of idiopathic, or constitutional, cataract, is beyond our comprehension. We can only acknowledge the fact, and admit, that few people who suffer from the complaint in one eye, escape, after a time, the disease in the other. It sometimes commences in both eyes at the same time; although, in general, one eye is first affected, the other following the same course, after a shorter or a longer interval; few people, living to an extreme old age, having had a cataract in one eye, without its occurrence in the other.

The reverse takes place in cataracts which are caused by external violence. In these local or accidental cataracts, there is no general predisposition; indeed, there may be so little injury committed, that the organ would seem to be almost unsconcious of it. I have, at this time, under my care, a gentleman whose horse, in hunting eight months ago, fell with him in a thick hedge; he was conscious that a bush had struck his head, but not that his eye had been injured. A thorn had, however, penetrated the cornea and punctured the capsule of the lens, giving rise to opacity of that part, which will require to be removed by operation. The inflammation, which in this case followed the injury, was so slight, that the gentleman himself, and his family, could hardly believe that such an accident had really occurred.

If much inflammation should follow the injury, there may be great sympathy between the eyes, but this, in many cases, only amounts to an increase of sensibility, although it may extend to direct inflammation, which has been even known to alternate from one eye to the other in succession. This is a sympathy resulting from and terminating in inflammation, and may, if long continued. give rise to cataract, or any other serious evil. These results are, however, the consequences of an intensity of inflammation, which is always capable of producing them; but it has been rarely observed, that a person having received an injury of the lens of one eye, should have the sound one immediately, or even shortly afterwards, affected by opacity of the lens alone, without accompanying signs of inflammation. I am aware it is not an uncommon circumstance for the second to be gradually lost, after the first has been destroyed by

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long continued inflammation succeeding to external violence, but there is a sympathy of inflammation attacking the proper coats of the eye, which ought always to be expected, and which may frequently be prevented by proper treatment, and generally cured, even when it does take place.

Observation has confirmed, in regard to local cataracts, what reason had presumed. Persons have been found to suffer with cataract in one eye for years, without the other being affected, and it may be inferred that the cause was accidental, when the complaint has occurred in one eye in young persons, without affecting the other.

The four operations for cataract, performed by Mr. Guthrie by extraction, last Wednesday, have succeeeed remarkably well. There has been but little inflammation; the eyes are full; the incisions have united by the first intention; the pupils are round and clear, and the patients can discern objects distinctly. They are sitting up; have a good diet; the bandages are loosely applied over the eyes in general, and are occasionally removed to allow them to be washed and opened for a short time; a precaution which should always be observed with poor people, who are apt to strain and exert their eyes too much on finding they have recovered their sight, and which sometimes causes the edges of the incision to start, if not very firmly united.—[Ibid, p. 52.

ART. 9. *Consecutive Strabismus.*—Sometimes, after the division of the rectus internus, for convergent strabismus, the eye is deviated in an opposite direction, either rapidly or gradually. Dr. Jules Guerin considered that this deformity was owing to the divided muscle being inserted so far back on the sclerotica as to be incapable, by its contractions, of controling those of its opponent, and consequently the eye is drawn outwards. To remedy it, he detached the rectus internus, and to facilitate its adherence further forwards, the eye was turned towards the nose, and kept in that position by a bit of thread passed through the conjunctiva just outside the cornea, and fastened to the root of the nose. Subsequently, Dr. G., finding that membrane too feeble, passed the thread through the sclerotica. This method, according to Dr. Jobert de Lamballe, is not enough to obtain a cure, because the cause is not removed by Dr. J. Guerin's operation. The deviation is not only produced by the insertion of the rectus internus being too far back, but likewise because the rectus externus, retaining all its force, turns

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the eye outwards, an action which, the internus being weakened from having been divided, is unable to resist. Therefore, to obtain the cure the rectus externus must likewise be divided; an operation by which the equilibrium will, in all probability, be re-established. Should this, however, be insufficient, the internus must then be detached, and the eye turned inwards by means of the thread proposed by Dr. Jules Guerin, with this difference, however, that instead of passing it through the sclerotica, or the conjunctiva, it must be fixed in the external portion of the divided rectus externus.—[Gaz. des Hopitaux, from Med. Times, p. 6.

MIDWIFERY.

ART. 10.—*Diseases of Females.* BY EDWARD RIGBY, M. D.—Before quitting the subject of amenorrhœa, I may allude to a species of it which is not commonly met with. I mean where it depends on congenital defect of the uterus, and probably also of the ovaries. The individuals under these circumstances are far from evincing a feeble torpid circulation; the frame becomes large and semi-masculine; the features, in some instances, very coarse; the limbs gaunt and powerful. The mammæ are small and defective and on examination, *per vaginam*, we not unfrequently find the vagina short and contracted, with little or no sign of a uterus. In some cases, an indurated and thickened spot, at the extremity of the vagina, marks the rudiment of the uterus, and examination *per rectum*, shows it to be either very diminutive and imperfect, or altogether wanting. In some of these cases the menses have never appeared, in others they have not come on till late; viz: 19 or 20 years of age and then sparing; in others they seem scarcely to have been influenced by the imperfect state of the uterus. This variety in the secretion of the menses, under nearly similar degrees of congenital defect of the uterus, can, I think, only be explained on the supposition, that in some case the ovaries are also imperfect, whereas, in others they are nearly or quite natural. There can be no doubt but that these organs are closely connected with the function of menstruation, as proved by the changes which are known to take place in them at these periods, and by the derangement which the ovarian disease produces in this function. I need hardly say that these cases afford little or no

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scope for treatment, and that they have come under my notice in consequence of some other affection.

Mrs H., æt. 38; a huge and remarkably masculine-looking woman, with powerful limbs, large bony hands and feet, and very coarse features.

August 24, 1844.—Much pain or irritability on passing her water: constant pain over the symphisis pubis, and in the anterior part of pelvis; occasionally coming in severe paroxysms; pain in the region of the left kidney, extending into the left hypogastrium.

Exam. per vaginam.—Os uteri very high up; cervix very small; there is no trace of a uterus above; the region of the bladder intensely tender.

Exam. per rectum.—No body or fundus uteri to be felt.

Orificium urethræ and the mucuous membrane lining the canal very tender and vascular—almost livid.

Urine, passed in the morning, of a yellowish green colour; acid, containing much epithelial matter; and copious muco-pus globules. Sp. gr. 10·16; serous. The proportion of phosphates is very small. Muriate of ammonia.

℞. Acid nit. dil., acid. hydrochlor. dil. aa M. vij. ex infus. pareiræ ter die.

℞. Linim. camphoræ co. ℥ijss. tinct. opii. ℥ss. M. ft. linimentum regioni renis sinistr. et pubis infricand.

As before stated, it will be observed that the active symptoms, for which I was consulted in this case, were entirely independent of the congenital defect of the uterus, and probably also of the ovaries. The disease is one of rather obscure character, first pointed out by Dr. Prout; where there is severe irritation of the bladder and urethra, connected with and arising from, insidious disease of the kidney. The history of her symptoms: the congested appearance of the orifice of the urethera; the pain referred to the bladder during vaginal examination; and above all, the condition of the urine, clearly show that, although the bladder and urethera are the chief points of suffering, yet the left kidney is, in all probability, the real source of the disease. This is shown not only by the serous state of the urine, but also by the presence of muriate of ammonia; a salt which can scarcely appear in the uriue, except as the result of muriatic acid secreted by the kidney. I shall not give any further details of the case, partly because ahe is still under treatment, but chiefly because it does not belong to the present subject.

S. T., æt. 39; married 13 years; no children.

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July 21, 1838. Has menstruated regularly since the age of eighteen; and, with the exception of two attacks of painful menstruation, has always enjoyed good health. Was attacked with severe pain in the left thigh three months ago, extending to the left side of the abdomen and back, which confined her to bed for six weeks, after which period the pain diminished; but she perceived a swelling in the left hpogastric region. Tongue furred pulse weak: appetite bad; a hard circumscribed tumor may be felt in the left hypogastrium; has not menstruated for the last three months, during which time she has become very weak. Suffers much pain in the tumor, extending to the back on the slightest pressure; limps with the left leg.

Exam. per vaginam.—Vagina very short; no os uteri or cervix. On pressure, a hard body, about the size of the os uteri, may be felt covered by the mucuous membrane at the upper part of the canal, to which it adheres.

℞. Hirudines xij. hypogast. sinistro.

℞. Extr. gentianæ. extr. hyoscyami, aa gr. v. o. n.

28.—Much relieved by the leeches; feels better. The tumor is not to be felt, but the abdomen is much distended; appetite much improved. Pergat.

I have given the above case to illustrate the fact which I mentioned, viz., that an extremely imperfect uterus (and even where it appears to be entirely wanting) is not incompatible with the function of menstruation. In this case, the symptoms, for which she applied, were, in all probability, those of ovarium inflamation of the left side, of three months' duration, since which, the catamenia had ceased to appear; so that, considering the almost entire absence of the uterus, we not only have the presence of ovaries, as indicated by symptoms of oophoritis, to account for the regular secretion of the catamenia, but we have a suppression of this function cotemporaneous with the appearance of these symptoms.

A somewhat similar case occurred to me some years ago, at St. Thomas' Hospital, where the patient, an elderly woman, consulted me for some unimportant ailment, and where the vagina was very narrow and short, apparently not larger than the middle finger of an ordinary sized glove. A small cicatrix-like, indurated spot, marked the rudiment of the os uteri, but without a trace of uterus above. The catamenia had not appeared until the age of 19, and always sparing. She was married but of course had never been pregnant.

M. A. S., æt 37; married: no children; healthy looking.

Sept. 26th, 1840.—Complains of much lassitude, and debility, with

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pain about the abdomen, especially the pelvis; much sense of weight about the rectum, and violent, griping, cutting pains in front, relieved for a time by emptying the rectum, so that this takes place about 20 times a day. When the fœces are solid they have a taper-twisted form. Has been very stout, but has lately lost flesh considerably.

Exam. per vaginam.—Vagina not more than an inch and a half long, dividing into a sort of bifid extremity, the septum of which is hard; no os or cervix uteri can be detected, unless perhaps, a slight trace of something in the left cornu indicates the rudiment of it. Something firm and heavy is felt above the vagina.

Exam. per rectum.—Orifice of anus small, and on passing through the pouch at the lower end, the finger comes to a very narrow canal, bounded in front by a hard mass, over which the finger can curl, like the symphisis pubis, when felt per vaginam, just after labour.

Although the fact of her having menstruated is not mentioned in the report, I have the full impression that this was the case, and that the menses had not appeared until near the age of 20. The irritability of the rectum, the taper-twisted appearance of the fœces, were evidently the result of pressure from the tumour in front of it, and I much regret, that I had not an opportunity of investigating the nature of this mass further, but she was an out-patient at St. Bartholemew's, and I never saw her again.

Although I shall bring forward some cases of dysmenorrhœa from a closed or contracted state of the os uteri, I have not, as yet, met with a single instance of this condition producing amenorrhœa, although numerous cases on record attest its occasional occurrence; I will, therefore, finish this subject by adverting to another cause, which, as far as I know, has not hitherto been mentioned. The case as regards the labour, of which the amenorrhœa was the result, was recorded by me in my Midwifery Reports (*Med. Gaz.*, Aug. 26, 1827.) It was a severe case of perforation arising from the species of deformed pelvis, which has been noticed by Professor Naegelè, under the term of "*Pelvis oblique-ovata.*" The delivery of the child, even after perforation, was both tedious and difficult. "In a day or two afterwards, she had an attack of uterine phlebitis, which was subdued by bleeding, calomel, poultices, and injections into the vagina. At the expiration of a fortnight, having had a fetid discharge for some days, bearing down pains came on, and she expelled a large fibrous mass, apparently a complete cast of the uterus. It formed a large bag about a quarter of an inch in thickness, and with an opening corresponding to the os uteri. She recovered favourably. The fibrinous cast of the uterus was by far the largest of the kind I had

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ever seen, being as large as a uterus at the fourth month of pregnancy. In such a case an interesting question arises, although with little chance of being solved, viz., are either, or both, Fallopian tubes pervious? The preparation is in the museum of St. Thomas' Hospital."

It did not strike me at the time, that the inner surface of the uterus would, probably, be so altered in structure, that menstruation could scarcely take place from it. On meeting the patient some months afterwards, I found that her health had been quite established; but that the catamenia had not as yet appeared. My suspicions were, therefore, now excited, and, in the course of a year afterwards, confirmed, when she informed me that no sign of menstruation had taken place, and that she suffered occasionally from severe congestion, and pain of head, which she controled by laxatives and low diet. I saw her again after an interval of about four years: the condition was the same, except that the system seemed now to be gradually adapting itself to the suppression of the menses. I need scarcely add, that she has not again been pregnant.

Dysmenorrhœa.—The subject of dysmenorrhœa is one of no ordinary extent and importance. Year after year seems to being fresh varieties and modifications of the affection to our notice, and shows pretty distinctly that the field of inquiry and observation in this painful disorder is very far from being exhausted. The most comprehensive definition of dysmenorrhœa is that of *painful menstruation*, or menstruation attended with greater suffering than is natural to this function in a state of health. It is true that no two women menstruate exactly alike, not only as regards the quantity secreted, or the duration of the attacks, or that of intervals between them, but also as regards the amount of pain, of uterine excitement, and general, as well as local, disturbance of the health.

Whatever may be the cause of an attack (and they are very various, as well as numerous,) I think I may say that a state of high uterine irritability is an essential concomitant, and on which the pain equally essentially depends.

The next feature, which, as far as my experience goes, I believe to be a constant attendant in more or less degree, is the disturbance of the general health, and derangement in function of some neighboring organ, so that I might always extend the definition which I have just given, in the following manner:—"Painful menstruation with derangement of the uterus or some adjacent organ, and disturbance of the general health."

Dysmenorrhœa neither necessitates any peculiar length or shortness of

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the menstrual attacks, or of the intervals between them. The catamenial discharge may be sparing, dark, thick, discoloured, watery, or profuse, florid, with coagula, or exudation of fibrinous matter. It may be connected or not with inflammatory action of a part or the whole of the uterus, or of some neighbouring organ; and these different features of the complaint may in one case be connected with the cause of it, while in another they may appear more directly as its effects. In describing, therefore, the symptoms of the complaint, my readers must be prepared to find a degree of vagueness, owing to their variety, and to the numerous modifications which they present, depending partly on the peculiar cause, and partly on the habit, &c., of the individual herself.

The pain, I need hardly say, is the striking feature of the complaint; this is never absent, however the other symptoms may vary in number or degree. Always severe, it is sometimes so intense, as almost to deprive the patient of self-control and consciousness; making her writhe, and even roll about upon the bed or floor from the extremity of her agony, and sometimes attended with insensibility and convulsive action, like epilepsy. The seat of the pain varies both in different cases, as also in the same case, at different periods of the attack; it is usually in the back and loins, spreading round the pelvis, or darting through it with intense severity; coming on in paroxysms, and closely resembling the pains of severe abortion. In some, it seems rather connected with the ovaries, shooting backward into the rectum, across the bladder, and down one or both thighs. In other cases, it seems to depend, in a great measure on a highly irritable and inflamed condition of the os and cervix uteri; the peculiarly acute lancinating pains, and pain in the crest of the os ilii, forming the more prominent part of her sufferings. In other cases, it is attended with great hemorrhoidal congestion and pain about the rectum.

I have stated that the pain usually precedes the discharge, and arises to its acme just before the discharge appears. When this takes place, the congestion diminishes, the pain abates, and perhaps disappears before the discharge has ceased; this, on the whole is the most common mode of its appearance. In many cases, however, the discharge appears first; and, having lasted for a short time, it stops suddenly, or diminishes considerably, and is then followed by an attack of pain, which continues until the discharge returns, and sometimes until the discharge by its profuseness, has reduced the powers of the patient considerably. Under these circumstances it will assume a menorrhagic character, and be accompanied with coagula.

In other cases the discharge is scanty throughout. After much suf-

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fering, a quantity of fibrinous exsudation is expelled in shreds, from time to time, and this is attended with relief; or a return of the pain indicates a fresh formation of exsudation and fresh excitement of uterine efforts to expel it. The quantity varies exceedingly. Sometimes a few shreds are detected in it, and no more; in others they go on to be expelled for many hours, amounting in the end to a considerable quantity; or one or two larger portions are discharged, forming even a cast of the cavity of of the uterus. The quantity of fibrinous matter, thus thrown off, is usually in the inverse ratio to the pain; the more sparing the discharge of exsudation, the more severe the pain: the more profuse, the greater the relief.

There is also another variety less frequently observed, viz., where the pain does not appear until the discharge is beginning to cease; probably from the circumstance of the irritable uterine system not having been sufficiently unloaded.

The duration of pain, especially in the more ordinary mode of its attack, viz., where it precedes the discharge, is very various. In some cases it may be only a few hours, whereas in others it may last some days.

In the last case of dysmenorrhœa, which I have reported in my work on uterine affections, in connection with mal-assimilation, the pain commenced at the half-way period, and continued until the appearance of the catamenia. In connection with this point, I may also mention, that during the progress of treatment, the manner in which the pain diminishes, varies. In some cases it abates greatly in severity with each successive menstrual period, although the patient is still aware of its presence during the same extent of time, only in much less degree, until it ceases in fact to be pain; whereas in others, and especially in severer forms of dysmenorrhœa, the improvement is chiefly observed in the shortened duration of its attacks, but without any diminution of its severity; so that, on visiting a patient just after a period, she will express herself greatly relieved, for that the pain lasted only an hour, whereas, on further enquiry we shall find that it was, for the time, as severe as ever.—[Medical Times, p. 49.

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BIBLIOGRAPHICAL NOTICES.

ART. 11.—*An Essay on the Philosophy of Medical Science.* "I hope that I have got hold of my pitcher by the right handle." By ELISHA BARTLETT, M. D., Professor of the Theory and Practice of Medicine in the University of Maryland. Philadelphia: Lea & Blanchard. 1844. pp. 312.

The *Philosophy of Medical Science* is a bold and attractive title. It stands out in prominent relief, and falls gently upon the ear like the sweet chords of music, as contrasted with the *manuals, vade mecums, systems*, and the host of discordant materials comprising many of the current publications. There is much in a name. We claim adhesion to that important class of philosophers, whose principles are illustrated by the *axiom*, that a rose would not smell so sweetly by another name. Many a curious and eager eye will glance over the pages of an essay on the *philosophy* of Medical Science, that would turn with hydrophobic terror from a *manual* or a *vade mecum*. It is not, then, to be controverted, that the Author has secured his pitcher by the "right handle" in the christening process, which is an important point gained; and if, perchance, the pitcher should be inverted during the succeeding course, it is *still a pitcher*, and it may be done so methodically and adroitly as to retain at least a part of its contents.

By the phrase *philosophy* of *Medical Science*, would be indicated a collection, arrangement, and explanation of the general facts and laws of the science, as well as the subordinate principles which go to make up this intricate department of philosophy. The author of the work before us, however, uses the title in a more limited signification, and restricts his efforts to an elucidation of the basis of science in the abstract, illustrated by the physical departments, and then applied to medical science.

The work is divided into two parts—1. The Philosophy of Physical Science; 2. The Philosophy of Medical Science.

Under the first division six primary propositions are laid down, as the fundamental principles of Science. The first is, that "all physical science consists of ascertained facts, or phenomena, or events; with their relation to other facts, or phenomena, or events; the whole classified and arranged." Second, that these facts, etc., can be ascertained

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only by observation. Third, a rigorous generalization of these facts, constitutes a law or principle of Science. Fourth and fifth are explanatory of the terms *hypothesis* and *theory*; and the sixth defines *classification* to consist in the identity or similarity among certain phenomena themselves, and their dissimilarity to others.

Part second consists of an application of the preceding primary propositions to Medical Science, as explanatory of its nature and relationships.

To prevent misconception it may be well here to remark, that the object of the Essay is to prove, that *induction*, or *inductive reasoning*, that is, inferences from certain admitted truths, is wholly inadmissable in the constitution of sciences, and that it is one of the great errors of the age. As a substitute for this element in science, the Author is of opinion, that nothing is true as an integrant part of learning, except that which is derived *immediately* from observation; and that these facts, *classified and arranged*, constitute the science, wholly and entirely.

As a correlative to the first primary proposition, we are told that these facts, phenomena, and events, *with their relationships*, can be ascertained only by observation and experience; and that they cannot be deduced, or inferred, from any other class of facts, phenomena, or events, or relationships, by any process of induction, or reasoning, independent of observation.

Guided by the preceding views, the author presents the corollary, that our knowledge of *physiology* is not deducible from our knowledge of *anatomy*; that our knowledge of *pathology* is not deducible from our knowledge of *physiology*; that *therapeutics* is not deduced from *pathology*; and that *etiology*, and *diagnosis*, equally depend upon observation and experience. And we may add, the entire scope of practical medicine is regarded as a legitimate result of observation, alone; that is, "a pure philosophical empiricism."

We have neither space nor time now to present a copious analysis of the work before us, such as we conceive is due to it, especially in view of its American origin, and the important innovation proposed in relation to the common method of arriving at conclusions in our science. At some future time we propose to return to the subject discussed in the work, and to offer our views fully as to the merits of the opinions advanced. We can only add now, that we do not concur with the author in his condemnation of the Baconian philosophy; we ever have, and still do regard the mode of reasoning from particulars to more general positions; deducing principle from facts, as not only admissable in science, but as indispensable to its perfection. And further, we have no hesita-

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tion in believing, that more positive error arises from relying too exclusively upon plain, palpable facts, without proper explanations, than from all other sources combined. It must not be inferred from these observations, that we entirely condemn the work under consideration, for we find many things in it to admire; but there are some exceptionable points, aside from the primary propositions, which we think are not tenable.

It must be conceded, however, that speculations, and visionary hypotheses, have done much to impair the practical utility of medical science, and we cannot too carefully guard against their pernicious influences. In view, therefore, of this tendency in our profession to cultivate hypothetical doctrines, we trust the present treatise may do good by acting as a conservative, and directing the attention of the profession, strongly and emphatically, to the importance of facts. We would, therefore, commend the work to the profession, under the belief that no one will regret its perusal, but that all will be more or less benefitted, notwithstanding the correctness of the main doctrines advanced seem to us too exclusive and mechanical. The style, it is needless to say, is correct and pleasing; and every part of the essay bears the impress of a well disciplined and logical mind stored with extensive professional attainments.

ART. 12.—*The Medical Student's Vade Mecum*, Containing examinations upon Anatomy, Chemistry, Materia Medica, Surgery, Practice of Medicine, Obstetrics, and Poisons. Adapted to the use of Medical Students, generally. By GEORGE MENDENHALL, M. D., Honorary Member of the Philadelphia Medical Society; Physician to the Cincinnati Dispensary, etc. Cincinnati: Jacob Ernst. Philadelphia: Lindsay & Blakiston—1844. 12 mo. pp. 328.

This little volume is designed to present to the Medical Student, in a brief manner, the most important points in the course of study, for the purpose of aiding the memory and systematizing the habits and modes of investigation. It is arranged in the form of questions and answers, each subject being treated in as brief a manner as was compatible with its proper elucidation.

The subjects, generally, are treated with clearness and accuracy; and, in truth, contains a very large amount of matter, important to the student, especially about that interesting period, *the final examination*. We do not mean by this declaration that the student can prepare for examination, by the aid of a Vade Mecum, for he must always rely upon well

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grounded and substantial attainments; but by becoming familiar with a system of questions and answers, his ideas will be greatly systemized, and he will become more familiar with the modes of examinations, and better prepared to do himself justice.

Dr. MENDENHALL has, we are of opinion, prepared one of the best systems published in this country, and as such we commend it to the favorable notice of students. There is but one obvious defect in the book, and that is, not including the subject of Physiology. Why this omission was made is not very obvious; it is surely one of the most important branches of medical science, and is taught in most of our Medical Schools, where the book will circulate.

ART. 13.—*The Medical Student; or aid to the Study of Medicine.* A revised and Modified Edition. By ROBLEY DUNGLISON, M. D., Professor of the Institutes of Medicine, etc., etc. Philadelphia: Lea & Blanchard—1844. pp. 311.

This work, we are informed by the author, originated in the numerous applications made to him for an opinion as to the best method of study, for those about commencing, or for one already engaged in its prosecution.

The book is divided into four chapters, as follows: 1. Preliminary Medical Education; 2. Medical Education prior to attendance upon Lectures; 3. Medical Education during attendance on Lectures; 4. Medical Education after graduation.

It is needless to say that those several subjects are discussed with judgment and ability, evincive of a sound mind, and thorough comprehension of the different propositions considered. A misdirection of the student's energies, at any period of his pupilage, or even after graduation, is one of the most common causes of imperfect, ill-arranged and ill-digested knowledge. Private pupilage is generally exceedingly imperfect, and the student is consequently left almost entirely to his own resources. Under these circumstances, the work of Prof. DUNGLISON, will prove a valuable aid, not only to the young student, but likewise to those more advanced, and even to the graduate.

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ART. 14.—*A Treatise on Pathological Anatomy.* By CARL ROKITANSKY, M. D., Professor Extraordinary of Pathological Anatomy at the University of Vienna. Part I. Containing the Abnormal condition of the organs of Respiration. Translated from the German, with additions on Diagnosis from Schoenlein, Skoda, and others. By Dr. JOHN C. PETERS. New York: Wm. Radde, 322 Broadway—1845.

The name of Rokitansky is becoming familiar to medical readers, as a profound pathological anatomist. But in this country we have thus far been favored with but little from his pen, save an occasional extract, which served to convey but imperfect ideas of his real merits. Few pathological anatomists of the age deserve more applause, for active and constant research in this important department, than Rokitansky. It is true he has been denounced as a mere *morbid anatomist*, that he is not a pathologist, nor a practical physician. These objections, however, are met and refuted, or satisfactorily explained by the translator.

It is announced in the preface, that part II. is ready for publication, but that it will not be issued unless the sales of the first part will warrant it. It will be a matter of sincere regret should the remaining parts not be issued; and it will be a serious reproach to we Americans if it is not sustained. Perhaps in no enlightened country under the heavens is Pathological Anatomy more neglected than in ours, and it behooves us to embrace every opportunity to extend this branch of the profession.

Dr. Peters has rendered an important service to the profession by the present translation, and should it not be sustained, the fault will not be his. His numerous additions on physical diagnosis from Skoda and Schoenlein are well selected, and to the practical physician materially enhance the value of Rokitansky's work.

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THE WESTERN LANCET.

CINCINNATI, DECEMBER, 1844.

The Editor of the Lancet, having removed from Cincinnati to Lexington, cannot dissolve, even partially, the relationships heretofore subsisting between himself and the profession of the former place, without a passing remark.

When the design of publishing a Medical Journal in Cincinnati was first conceived, the Editor, and others, regarded the scheme in a somewhat dubious aspect; and when it was remembered that several efforts had previously failed, with the prejudices necessarily following such results, the chances of success seemed greatly lessened. It was determined, however, notwithstandig the obvious embarrassments of the case, to make the experiment; and in accordance with this determination, a prospectus was issued, and in due time the work was commenced.

As it was entirely an individual enterprise, wholly unsustained save by the approval of the profession, we are free to confess, that had it not been for the favor with which the proposition was received by the profession of Cincinnati, the work, in all probability, would not have been commenced; and we are under no less obligations for the almost unanimous support extended to it, from that time to the present.

Our friendly relations with the profession of Cincinnati being uninterrupted in a single instance, to our knowledge, and our feeble efforts in periodical literature having been sustained by their intelligence and kindness; we would do great injustice to our feelings did we not acknowledge our obligations for the favors extended to us, personally and professionally.

Upon assuming new relationships, it may not be out of place to offer a brief exposition of our views and motives, as the conductor of a Medical journal. We desire, then, to see the medical press restricted to its legitimate objects, that of the promotion of science; and we regard the introduction of individual and personal controversies, or the encouragement of any feud, as subversive of the objects of periodical literature, and, in the end, destructive to the best interests of the profession. In the practical application of these rules, we shall endeavor to adhere strictly to their spirit, and in no instance to embrace trivial occasions or offences as a sufficient apology for a departure from strictly honest and honorable principles. A somewhat attentive observation of passing events has convinced us, that most of the feuds and controversies too common in our profession, and which have so constantly exercised a

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degrading influence, arise from personal difficulties, and are perpetuated by revengeful feelings. Few, indeed, have really the good of the profession in view while engaged in promoting intestine broils; but most commonly individual destruction or aggrandizement are the active incentives; and hence, a desire to destroy individuals and institutions, becomes paramount to every other consideration; and should the assailant perish with the assailed it is immaterial, provided the object can be accomplished. We claim to have been the first journalist in the West to take a decided stand against these disreputable family quarrels, and we shall not desert it at this or any other time.

With these views, we shall, as heretofore, at all suitable times, and in all proper modes, oppose such controversies; and as they obviously impair the usefulness of the profession, and subject it to derision and scorn in every enlightened community, we expect the active co-operation of all high minded and honorable physicians. But in this same connection we must remark, that the first law of our nature is that of self preservation; and, therefore, this immutable and just principle will prompt us to repel, at all times, aggressions, if wantonly made.

An observation extending through more than ten years, during which time we have been engaged in practical medicine, has convinced us that difficulties may be easily and honorably avoided; and from a somewhat extensive intercourse with the profession, we are fully convinced, that a reasonable regard for the ordinary principles of ethics, together with a commendable *esprit du corps*, will secure harmony and good feeling.

LITHOTOMY.—We insert below a highly interesting account of a case of lithotomy, detailed by the subject of the operation, Dr. J. N. MCMINN, a highly respectable practitioner of Alabama. During a visit to Europe, he consulted several eminent surgeons and physicians, Syme, Craigie, and Liston among the number, but, we believe, the nature of the disease was not detected. The operation was performed by Professor Dudley, in November last; and, as will be seen by the following detail of the case, with entire success, notwithstanding the great constitutional derangement under which the patient had previously labored.

The pre-eminent success of Prof. Dudley in performing lithotomy is well known in this country. His operations, if we are not mistaken, number 182; and of this large number the few who have not eventually recovered, died from secondary consequences, or of incidental affections, not the necessary or direct results of the operation itself.

Our European brethren find it difficult to comprehend, or credit, this

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extraordinary degree of success; and, indeed, it is not a matter of surprise that it should challenge their belief, when results, so widely different, are constantly exhibited to them. M. Velpeau, we believe it was, while advocating the superiority of the lateral operation, introduced the success of Prof. Dudley as corroborative evidence in favor of his position, but at the same time stated in private that "begar it was a lie;" evidently disbelieving the reputed success. And M. Civiale, the great lithotritist, seems unable to comprehend the success of Prof. D.; and in relation to one of the causes assigned for the favorable results, namely, the preparatory and subsequent medical treatment of the patients, and recognizing the relationship existing between constitutional derangement and local affections, he remarks, that the cause assigned is as extraordinary as the success itself. We infer from the language employed, that doubts are entertained, not only in reference to the cause, but likewise the success itself is presented in a somewhat dubious aspect. But whatever may be the improbabilities of such results, in the estimation of those who have not witnessed the cases, the facts are as already stated.

LEXINGTON, Dec. 11, 1844.

The propriety of making public the details of my own case, has been suggested to me by a number of my medical friends, and I gladly do so, with the hope that it may prove serviceable at least to some one or more who may be afflicted. But in making out the details of the case, I shall have to rely solely on my memory, as I never took a note of the case in my life, and the treacherous condition of my memory assures me, that the details must be imperfect. I shall of course overlook, and no doubt have forgotten, many things connected with it of importance.

In 1825 or 6, I was attacked with what is usually called the gravel. I had frequent desire to urinate, attended with great pain, heat, and difficulty in voiding the urine. Several domestic remedies were administered, notwithstanding which, the disease continued for several months, in which time I discharged a good deal of sand, and towards the last several small stones about the size, and having very much the color of, dark-gray coloured water mellon seeds. The disease then disappeared, and I thought myself well of it for a period of ten or twelve years. During all this time, I now remember, that I was frequently sensible of a very obscure feeling of too much warmth in the region of the bladder. I was at the same time frequently very much annoyed with a gleety discharge from the urethera, sometimes it was worse, sometimes better. I took many of the usual remedies for gleet, but almost invariably without the least benefit. I generally attributed the want of success of the remedies,

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to the circumstance of my being almost constantly and actively engaged in the duties of the profession, and was not able to take the necessary rest for the cure of the disease. In the spring of 1839, after several days and nights exposure and fatigue, I was attacked with inability to pass my urine, which lasted for several hours. I was bled and used the warm bath which afforded me some relief; but the affliction lasted, as well as I remember, about a month, during which time I was unable to ride, in consequence of the pain it gave me in attempting to do so. During the summer I felt more enfeebled, and less inclined to exercise, than I ever had in my life, and now and then after evacuating my bladder, particularly when riding, there was an unpleasant sensation left at the neck of the organ, which, however, was not very troublesome. In August of the same year, I had an attack of Autumnal Fever, which lasted but a few days, during which time I experienced a good deal of difficulty in voiding urine, attended at the same time with considerable burning and pain; and from that time until Prof. Dudley operated for stone upon me, I believe I can with propriety say I never was one minute perfectly free from suffering, and frequently suffering of the most frightful and intense character. A great portion of my suffering was mainly attributable to spasms of the bladder and rectum, and other neighboring muscular structures; and, in fact, almost every portion of my system was more or less subject to painful spasms during some of the most violent paroxysms of pain. The abdominal muscles, particularly those situated immediately above the pubis, the œsophagus, the larynx, and even the nostrils were frequently painfully afflicted with kindred spasms. At what time this disposition to spasm commenced, I am unable to say, but it has been exceedingly troublesome to me for eight or ten years, it must have commenced imperceptably, and gradually increased. My digestion has been rather bad for a long time, my liver inactive, and bowels much inclined to constipation; but the spasmodic affection of the sphincter ani and rectum, frequently seemed to be the whole cause of the constipation; and their resistance to the passage of the contents of the bowels, was completely beyond my voluntary control, and would only be relieved by a purgative, and the relief was then always only temporary. My paroxysms were more constantly ameliorated by the warm bath than any other remedy, to which I could resort. I tried many remedies, but to little or no purpose. I tried various modes of dieting with but little apparent advantage. My bladder became so sensible to the action of food in the stomach, (particularly animal food,) that when I would take even one mouthful of meat, frequently in less than five minutes it would produce so much suffering in the bladder, that it was almost beyond endurance.

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It appeared to me that the meat could not have produced more pain in the bladder, if it had been itself introduced into the organ in its crude state. I found by experience, that a little well baked corn bread, with half a glass of water, three times a day, with regular hours, and temperance in all things, agreed with me best; and for about two years, I lived in this way, during which time I suffered frequent attacks of fever, produced mostly by irritation of the bladder.

I had several attempts made in the mean time, both in Tennessee and Alabama, to sound the bladder for stone, but they were all unsuccessful, even in getting the sound into the bladder. Some of the physicians pronounced my disease stricture of the urethra, and others disease of the prostate gland. I was inclined to the latter opinion myself. I now found myself so emaciated, so much prostrated, and my general health sinking so fast, that I was convinced the scene must soon close without some relief. I determined on a sea voyage, and repaired to New Orleans and took shipping for Liverpool. On the voyage, which lasted forty-six days, my health greatly improved, and I was able to take more nourishment without detriment. After landing at Liverpool, I proceeded to Ireland, and travelled over a large part of it. Then crossed over to Campbelltown, in the west highlands of Scotland, and proceeded up the country to Glasgow, thence to Edinburgh. Here I sought the advice of some of the most celebrated surgeons and physicians in the place, with regard to my health. I submitted to an examination; and here, for the first time, the sound was introduced into the bladder, but no stone detected, and my disease was pronounced to be *disease of the prostate gland.* Here I spent the summer in attendance on lectures in the University, and various hospitals, during which time my health continued gradually to improve. I then made a tour in the highlands of Scotland, and proceeded to London, where I consulted various medical men about my health. They all coincided with those of Edingburgh, and prescribed accordingly. After remaining in London until my curiosity was satisfied somewhat, I traveled through the central portion of England to Liverpool, and soon sailed for the United States. Forty-four days out, I landed in New Orleans, and proceeded home, with my health so much improved that I was flattered with the prospect of recovery, although the local affection of my bladder was considerably troublesome all the time. Soon after I returned home my health gave way again, and very soon I was as bad as ever. I was now for several days unable to evacuate my bladder; various attempts were made by several physicians to draw off the water by the catheter, but they did not succeed in getting the instrument into the bladder. Finally, however, I succeeded in intro-

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ducing the instrument with my own hand, and emptied the organ, and as I withdrew the instrument, I felt the stone, and took up the idea that it was in the prostate gland, which I supposed had ulcerated and exposed the stone, so that it could be felt by the instrument as it was withdrawn. Several times afterwards I felt the stone in the same way; and as soon as practicable, I came to Prof. Dudley. I arrived here in September last, twelve months ago. About a week after my arrival, Dr. Dudley introduced the sound, and at once placed it on the stone in the bladder, which gave unequivocal evidence of its presence. And here I would remark, that no instrument had ever been introduced before, without giving me great pain; in fact I had been almost murdered with instruments. But in the hands of Prof. Dudley, the instrument was used with such skill and tact, that it gave me scarcely any pain, and produced so little suffering, that I was truly astonished. I remained here until June last, under preparatory treatment; but my general health was so bad, that I could not be prepared for an operation. I then proposed to go to Tennessee and spend the summer. It met the approbation of Prof. Dudley, and I did so. On the river, as I went, I was attacked with dysentery, which almost entirely prostrated my little remaining health. By the time I reached the place of my destination, I was so worn down with suffering, and so much emaciated that I was unable to help myself in or out of bed. I lay in that condition about three weeks, when the powers of life seemed to rally, and I began to mend. In about three months I improved so rapidly that I gained near forty pounds in weight. I then returned to Lexington, the first of last month, and in about three weeks after my arrival, Dr. Dudley operated upon me with success that far exceeded my most sanguine expectation, for my general health had been so bad so long, and the bladder itself so much inflammed, that I had very little hope of long surviving the operation. In twenty-four hours after the operation I was easier than I had been for five years, and have remained so, and am still fast improving. The unparalleled spasmodic affection of the bladder, presented a difficulty in extracting the stone which was quite unexpected, and I doubt not would have foiled ninety-nine surgeons in a hundred, (at least for a time;) but the difficulty was met and overcome in an instant, with a decision and promptitude truly characteristic of the operator. The time consumed in the operation after the Prof. began to cut, I think did not exceed two minutes, till he said "loose him and let him go."

I must be permitted to say, that I do not believe, taking all the circumstances of the case into consideration, that all the world combined could have done so much for me, and done it so well, as Prof. Dudley has done. He has at once preserved my life, and put a period to indescribable sufferings. On the ninth day after the operation, I got up, dressed myself, and walked down stairs; and on the fourteenth day I was out on the streets going where I pleased. During my affliction, I have learned, with the assistance of Dr. Dudley, an important lesson, which I shall never forget; in fact he had taught it to me before, but it never was so forcibly impressed upon my mind until the teachings were repeated over and over by him, and the necessities of my own case. I have learned that an honest persevering effort will overcome any obstacle; and that if we take proper care of the chylopoietic organs, they will take care of the rest of the system.

SAML. N. McMINN.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, JANUARY, 1845. No. 9.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*The art of Observing, or the proper Method of Examining Patients, with a view to correct Diagnosis.* BY H. M. BULLITT, M. D., *of Louisville, Ky.*

"In writing a history of diseases, every philosophical hypothesis, which hath prepossessed the writer in its favor, ought to be totally laid aside; and then the manifest and natural phenomena of diseases, however minute, must be noted with the utmost accuracy."—*Sydenham.*

It will, perhaps, be granted, that the universe is governed by eternal and infallible laws. That there is not, within its vast extent, an object that has not a fixed mode of existence, and established rules of action. That such is the fact, as regards the inorganic part of the creation, may be readily verified; since the phenomena of movements that pertain to unorganized bodies, may be reproduced, at the pleasure of the observer, and opportunities thus afforded of determining their modes of occurrence, and of ascertaining the laws by which they are governed. But in the organic kingdom, we encounter greater difficulty, in tracing effects to their appropriate causes, and in making out the relation borne by different objects and phenomena to each other. The characters and qualities of all organized bodies manifest themselves in obedience to peculiar laws —the organic. Over these we have no control, and cannot, consequently, reproduce organic phenomena, for the purpose of observation. We have, therefore to study them as occasional opportunities of doing so, may present themselves; and as these occur under an almost endless

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variety of circumstances, which it is exceedingly difficult to appreciate properly, it is scarcely surprising, that the early investigators should have failed in their efforts to unveil the mysteries of organized nature, and that the wonderful conclusion should have been arrived at, that, "the world, although perfect at first, had, from some unknown cause, fallen into disorder, and did not contain within itself, the elements of rectification." This conclusion, however, has been proved by long continued observation, to be incorrect, and the fact is now established, almost beyond the possibility of doubt, that in the organic, as in the inorganic kingdom, there are fixed modes of existence, and uniform and unvarying rules of action. Every vegetable has peculiarites both physical and vital, by which it may, at all times, be identified; and so it is with every animal, from the humblest animalculæ up to man. By means of these peculiarities, the botanist and zoologist have been able to arrange into classes, genera and species, their respective kingdoms, and although they are constantly meeting with individual objects that are new to them, yet "by consulting the established modes of existence and the ascertained rules of action, they find little or no difficulty in giving every such object its appropriate place in their scientific arrangements."

If then, in those departments of natural science, which have been most extensively explored, laws have been discovered, acting in a regulated manner, and producing each, its specific effect, is not the inference a fair one, that the same regularity obtains throughout the natural world, and that each and every object in it manifests its phenomena, in obedience to eternal and unchangeable laws? This admitted, then does it not follow, of necessity, that physiological and pathological phenomena, occur, also, in accordance with uniform and established rules? To this latter question, we conceive, that none other than an affirmative answer can be given, unless it should be contended that the phenomena in question are unnatural and accidental; and this objection can only apply, if at all, to the pathological. The objection, however, would argue such a degree of presumption, that no modest man could consciously entertain it. It necessarily pre-supposes, an experience co-extensive with the order of nature, and to this, vanity itself could scarcely pretend. The time has been, when nothing could be credited, that had not the sanction of high authority; but at the present day, we discover a decided tendency, on the part of scientific men, to look upon new and remarkable phenomena, not as interruptions of the natural laws, but rather as indications of the existence of unknown laws. This feeling is, we think, gradually finding favor amongst modern pathologists, and we hope the day is not far distant, when it will pervade the whole medical community:

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for, on its establishment, must depend, in a great measure, the future improvement of medicine.

It has, again, been argued, that pathological phenomena are so exceedingly numerous, and the laws which govern them influenced by such a multiplicity of circumstances, that they are incapable of that kind of arrangement, which alone can enable us to deduce from the correct, and settled principles. But this argument is also directly at variance with all our experience; for, whenever natural phenomena have been correctly and completely observed, we have been able so to classify and arrange them, as to make them yield uniform results. This alone we consider presumptive evidence, that the same kind of certainty attaches to those phenomena which have not been completely observed; and consequently that we shall find pathological phenomena when thoroughly understood, capable of affording results that may be implicitly relied on.

Assuming, then, as a settled principle, that the signs and symptoms of disease manifest themselves in obedience to fixed and invariable laws; and that when completely observed and properly understood, they are capable of yielding uniform results, we will proceed, at once, to the consideration of the proper method of observing and appreciating them.

We have already spoke of clinical observation, as an *art*, and we have done so, because we are impressed with the belief that no one can note accurately either the functional or physical signs of disease, until he has served a regular apprenticeship to the art of observing at the bed side of the sick; or, in other words, until he has pursued the same course, in learning to observe, that he would have to follow in learning any other art. It is then, to aid the student, in acquainting himself with the ART, of observing and appreciating the morbid manifestations, that we have undertaken to write this essay; and as we shall be guided pretty much by the valuable memoir of LOUIS, "on the proper method of examining a patient," we have some hope that our remarks will not prove altogether useless.

On approaching the bed side, the first thing to be attended to, is the degree of intelligence posessed by the patient. If it be naturally good, and in a normal state, we may proceed to interrogate him, as to his previous history, habits, &c., but if, on the contrary, it be either originally defective, or blunted or perverted, by the influence of disease, we can place but little reliance on any thing he states. Even in cases where the intellect is clear; from an indisposition to mental exertion, patients will frequently give erroneous accounts of themselves. So apt, indeed, is this to happen, that we think it would be a safe rule, never to believe the statements of a patient, especially if he be much sick, unless

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they are corroborated, by a number of concurring circumstances. In investigating, therefore, the history of a disease, we should never rest satisfied with the first answers received, but should persevere, until by means of cross examination, we have learned every thing, that has any bearing whatever on the case. For instance, we have a patient laboring under some chronic affection: he is asked, how long he has been sick? he is almost sure to date the commencement of his disease, from the time he was compelled to *lie by*, or to forego some of his wonted amusements. But if we enquire more minutely, we shall usually find, that he had been more or less indisposed, for some time prior to this period. And so it is with acute affections. They are nearly always dated from the time the patient had to cease his usual employment; when, in reality, they have commenced several days, or even weeks sooner. Again, a patient may tell us, that he had experienced an attack of some acute disease, as pleurisy, or pneumonia, some three months since. Now, as a general rule, he will be incorrect, both as to the kind of affection, and as to the time of its occurrence, as we may satisfy ourselves, by a few cross questions. For instance, by asking the symptons of the disease, we shall find that it was entirely another affection than that he had stated it to be; and so by referring to some remarkable occurrence, prior or subsequent to the period from which he dated the commencement of his disease, and thus assisting his memory, we shall frequently find him wrong as to time.

We may ourselves elicit incorrect answers, by putting leading questions, and this is undoubtedly a very common source of error. We are apt from the "coup d' œil," to form an opinion as to the nature of the affection, and in our anxiety to find our first impression correct, we too frequently ask leading questions, and these the patient will often answer as he thinks we wish them answered. With the ignorant and weak minded (which is the condition of most hospital patients) this is almost sure to be the case: we should, therefore, always be on our guard, in examining such patients, to avoid letting them perceive how we expect our questions to be answered. Thus we see, that to ask questions in the proper way, and to appreciate fairly the answers received, requires no small amount of circumspection, and even of intellectual dexterity.

In examining an individual patient, it is important, that we inquire, first into his age, habits and mode of living, his occupation, his previous attacks of disease, the disease to which his parents may have been subject, or of which they may have died: since each of these circumstances may exercise a modifying influence over the present attack, or aid us in determining its nature. Some diseases, for instance, are almost peculiar

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to certain periods of life, as whooping-cough to childhood, the typhoid affection to puberty and early manhood, chronic ramollissement of the brain to advanced age. Others, again, though common to all stages of life, do not obey the same laws, nor yield to the same treatment, at these different periods of existence. For example, catarrhal affections, (particularly the epidemic influenza) and pneumonia are remarkably intractable and even fatal, when they attack the aged, whilst the young and vigorous usually recover from them in a comparatively short time. This is also the case with many cerebral diseases. As regards treatment, it is well known that it is scarcely ever safe to deplete freely a very old person, even where the symptoms seem to call for it.

Habits and modes of living also modify, in a very decided manner, the character of morbid action. A patient, for instance, who has lived entirely on vegetable food, will rarely have as violent attacks of inflammatory disease, as one whose diet has been exclusively, or chiefly animal: and every tyro in medicine is familiar with the fact, that the abuse of spirituous drinks, loss of sleep, and excessive venereal indulgence, so relax and vitiate the system, as to give to its diseased manifestations entirely new characters, and render it incapable, in many instances, of bearing a treatment sufficiently bold to counteract the pathological movements. Physical inaction alone will frequently establish a predisposition to dyspepsia and its attendent train of ailments, and when accompanied by great mental exertion, render the brain peculiarly liable to take on diseased action.

The influence of occupation, in modifying disease, as well as in giving rise to peculiar affections, has been, from time immemorial, a subject of remark. It has, for instance, been, for a long while, known, that those who are employed in hewing stone are frequently the subjects of a bronchitis, which is supposed to be an exciting cause of tuberculous depositions in the lungs. This is certainly not the usual result of bronchitis, and we are therefore led to infer, that it is modified, in some way, by employment. Public speakers, and especially ministers of the gospel, are occasionally troubled with a form of pharingitis, which runs a very different course, and requires different management, from the ordinary forms of this affection. These are instances of the modifying influence of occupation; and, were it necessary, we could readily multiply them.

We have also stated, that some diseases are *peculiar* to certain occupations. These are so familiar to all, that it is scarcely necessary to specify them. Who, for example, has not met with lead cholic amongst the workmen in the metal from which the disease has taken its name?

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The mercurial palsy of those employed in gilding buttons, toys, &c., and of the workmen in quicksilver mines, is another well known instance of disease peculiar to occupation. The susceptibility of this class of operatives to the influence of cold, and their liability to a cutaneous eruption, resembling some forms of secondary syphilis, are instances of the same thing. Common laborers who have to make great muscular effort, are subject to diseases of the heart and large arteries, and the manufacturers of mineral acids sometimes perish from asphyxia, from the inhalation of noxious gases. We might thus continue to cite instances, without number, of the influence of occupation, habits, age, &c., in modifying and producing disease, but we deem it unnecessary, as the foregoing are sufficient to call the attention of our readers to the importance of an enquiry into all of these circumstances, in order to discover what connexion, if any, they may have with the case under examination.

The previous diseases of the patient are also to be attended to. They enable us to form some opinion as to the power of the constitution to resist the action of the disease, and also direct our attention to those organs, which are likely to suffer most. We learn farther, from an enquiry of this nature, what affections are of most frequent occurrence, at the different periods of life.

We ascertain the diseases of parents, because many of them are hereditary, and this fact will frequently lead us to a knowledge of the origin and nature of that with which we are contending. For instance, we are called to a patient who is laboring under incipient tuberculous disease, but as yet, neither the symptoms nor signs are sufficiently developed to justify us in making out this unwelcome diagnosis. On enquiry we learn that the patient's parents have fallen victims to this affection, and our suspicions are, at once, confirmed. And, besides, in treating affections which are not hereditary, an acquaintance with the fact, that the patient's parents have died of a disease of this nature, will enable us to avoid a course of treatment calculated to favor the development of the tubercular diathesis; such as repeated and long continued mercurialization, &c.

Thus we see, that even in the present state of medical science, investigations of this nature are indispensable to a just appreciation of disease, and consequently to successful treatment. But, when we reflect, that however bootless such enquiries may now seem, they may, nevertheless, aid much in the future advancement of the science, it becomes our imperative duty to attend, minutely to them. And in doing this, we shall not aim to verify the assertions of authors and teachers, but should recollect, that, as yet, we possess but little certain information on these

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points, and therefore keep steadily in view the importance of adding to our stock of knowledge.

Having determined as accurately as possible all of the foregoing circumstances, we may proceed to the study of the disease before us. We ascertain, first, the temperament of the patient, and the conformation of body; for, without such information, we cannot adequately appreciate the morbid manifestations. These are matters to which so little attention has, heretofore, been given, that we can scarcely adduce a striking instance of their importance. But as it is desirable that we should become better informed in relation to their influence in modifying disease, we would earnestly enjoin the study of them. It has been supposed, indeed is fully believed by many, that temperament has a decided and well marked agency in giving peculiarity to diseases; and this opinion is probably correct. But at the same time, we doubt whether a sufficient number of well directed observations have been made to warrant the conclusions, at which writers on the subject have arrived; and this doubt we think justified by the contrariety of the conclusions. For example, it is contended by some, that persons of the lymphatic temperament are most liable to tuberculors and strumous affections, whilst others, no less respectable, have thought these diseases partial to the sanguine temperament. Now the probability is, that both opinions are but partially correct, and that the advocates of each, in their anxiety to verify their respective views, have overlooked those facts, which did not exactly suit their purposes. It is very certain that in consumptive families, we meet occasionally with every variety of temperament, and and yet all perish from the one disease. Still, temperament has probably something to do with the development of the tubercular diathesis, especially in cases where predisposition has not been inherited.

The choleric and melancholic temperaments have also been thought to favor the occurrence of certain affections, but our knowledge of the extent and character of their connexion with the pathological laws is abundantly limited. The whole subject, therefore, of the influence of temperament in modifying morbid action, is still open for investigation; and there is no reason, why it may not be as well investigated in the Mississippi Valley, as in any other part of the world. Indeed all investigations of this character should be carried on, at the same time, in various latitudes, that we may be able to ascertain to what extent climate and locality influence the manifestations of disease. This is particularly to be desired, since an impression, which is probably entirely groundless, has become prevalent in some of the Southern and

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Western states, that the diseases of the different sections of our country are so diverse in their nature, as to render the principles of treatment, which hold in one section, wholly unavailing in every other. This opinion may be correct, but we confess we are not willing to subscribe to it, for by so doing, we should virtually reject what we have been endeavoring, throughout this article, to maintain, viz: that the pathological laws are uniform and unvarying in their operation, and, consequently, that the principles which are applicable in the treatment of diseases, in any one section of country, are equally applicable, *ceteris paribus*, in all parts of the globe. We admit that the fevers of the Mississippi Valley may be of more frequent occurrence, and more grave in their forms, than the similar maladies of the North Eastern states; but, at the same time, we hold that the enlightened pathologist, wherever educated, will find no greater difficulty in treating these affections than he encounters daily in adapting his principles to the numerous modifications to which all diseases are liable. It matters not where a physician be educated, whether in the city where he is to practice his profession, or thousands of miles distant from that place, he will prove equally inadequate to the detection of those minute shades of difference in the morbid manifestations, on which may depend the necessity of modifying his therapeutic principles, until he has become familiar with them, by a personal intercourse with the sick, of some years duration. It is impossible for these to be pointed out in a public lecture room; and even in the wards of an hospital, but little more can be done, in the limited period of time allotted in our public institutions, for the reception of a medical education, than to teach the method of observing. Successful diagnosis must depend on the subsequent efforts of the physician. It is, we think, therefore useless to say that the physician, who has been educated in an Eastern school, is less capable, than he who has been educated in the West, of treating the diseases of the Mississippi Valley; for, so long as medicine is considered a science, based upon immutable principles, every candid thinking man must acknowledge that he who is most thoroughly acquainted with these principles, and is best able to diagnosticate the actual state of the patient, ought to be best able to treat disease, whenever and wherever he may meet with it.

But to return from this digression. In proceeding with the study of the case before us, we first endeavour to determine the precise time at which the attack commenced, and to learn as accurately as the patient and his friends can inform us, all the circumstances and symptoms that attended its onset, as well as those that have presented themselves during its progress to the present moment. We have already spoken of the pre-

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cautions to be observed in making the enquiries, and the reserve with which we are to receive the statements of the patient. We will only add here, that nothing stated even by the friends or attendants, should be relied on, if it require any unusual effort of memory to recal it. Indeed we are almost disposed to say, that implicit confidence should be reposed in no account, that does not, as it were, verify itself; at any rate, we should give, in our reports of cases, the manner in which we learned such and such facts, and the degree of credibility of our informants. Unless this be done, we cannot know how to appreciate them, when we come to study numerically our collected cases.

In making the above enquiries, we have in view two important ends: First, the discovery of the cause of the affection; Second, the ascertainment of its type and modifications.

Our acquaintance with the causes of disease, is perhaps more limited, than with any other department of the science. It behooves us, therefore, in making our investigations, to neglect nothing, that can have any tendency to enlighten us on this obscure point. We should learn, if possible, the exact condition of the patient's system, at the time of the attack, as well as the circumstances, by which he had been surrounded for some time prior to this. But before we can appreciate their connexion with the case, we must have become familiar with the laws that preside over the healthy actions of the economy, in order that we may know whether or not any of them have been infringed through their agency. In the actual state of medicine, it is, we admit, out of the power of man to accomplish this completely; but by diligence and perseverance in the observation of facts, a great deal may be added to our knowledge of medical etiology.

Our acquaintance with the type and modes of a disease, is, perhaps, more easily acquired. The sources from which we derive information on these points, are, the history, the functional and organic changes. These constitute, in all cases, the means of diagnosis.

The history of a disease comprises its duration, the symptoms, &c., by which it was ushered in, as well as those which have marked its progress,—its effects on the system, and the effects of remedies. From a knowledge of its duration, we determine whether it be acute or chronic, and also form some idea, as to what will be its probable continuance. If organic changes have taken place, unless we know the exact duration of the attack, we cannot form correct notions of their character and extent. We inquire into the condition of all the functions, at the time of the attack, that we may learn whether the patient had previously labored under any affection. We may thus sometimes find, that he had

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been suffering from a disease entirely distinct from the present complaint; and hence our ideas of this latter might be materially modified. The symptoms that have shown themselves during its progress, and the effects on the body, as emaciation, and loss of strength, should all be attended to, as well as the effects of remedies, as of blood letting; since they may aid us in making out a diagnosis. We deem it unnecessary to dwell longer on this part of our subject: suffice it to say we are to learn every thing of the history of the case, that can aid at all in determining its nature.

We now come to the most important, as well as the most difficult part of our subject: viz. the examination of the functional and organic lesions present at the time of our visit to the patient. Here will be needed all the tact, ingenuity and experience of a well trained observer; that nothing essential to the diagnosis may be omitted; that questions be not propounded in such fashion as to elicit incorrect answers; that those which are the result of lassitude, or perturbation of mind, may not be received as facts. But above all, how much practice and training are necessary, before one can make successfully the various physical explorations. These are real difficulties to be encountered, and when we feel prepared to meet them, we may proceed with confidence to the examination of our patient.

The functional lesions, or symptoms, may be considered in a two-fold manner: First, those which refer distinctly to the affected part. Second, such as result from sympathetic disturbance of remote organs. In examining, therefore, the symptoms of a disease, we investigate, first, the condition of the functions of the organ or organs most obviously involved. Then we inquire into the state of the functions of every other part. In no other way can we arrive at accurate results. For instance, in pneumonia we have, pertaining directly to the lungs, painful and hurried respiration, imperfect arterialization of blood, cough, and expectoration. These are the local symptoms, and they would, almost of necessity, attract attention. There are, however, usually other symptoms, referable to disturbance in distant organs; as, excitement of the heart, fever, various derangements of the digestive, urinary, and perspiratory functions, and sometimes of those of the cerebro-spinal system. These constitute the second division of symptoms, and should be carefully attended to, since the presence of any of them might materially modify our ideas of the therapeutic indications. And besides, some one of these remote organs may be the seat of a chronic lesion, which, in his suffering from the acute affection, the patient may have entirely forgotten; and yet, unless it be discovered, we may resort to a

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treatment calculated to aggravate this, the most serious perhaps of the two complaints. This might readily happen in those cases, and they are by no means unfrequent, in which the brain becomes sympathetically disturbed. Here all the prominent symptoms refer to this organ, and a superficial examination would, of course, lead us to direct our treatment to it, perhaps to the hazard of our patient's life. A little attention, however, to the above rules, would enable us, in all such cases, to detect the real lesion, and thus to avoid doing irreparable mischief. Again, in case of different diagnosis, by inquiring into the state of all the functions, we obtain negative evidence, which will be of immense assistance to us. For example; in the various functional affections, it is only after we have ascertained by careful attention to all the organs, that there is no structural lesion, that we can come to any conclusion, as to the nature of the complaint. We might easily multiply illustrations; but we think enough has been said, to show the necessity in all cases, of a complete observation of the patient. The state of the functions should be ascertained and accurately recorded at the bed side, in the order in which they are observed. It will not suffice, to determine the existence simply of a symptom. The exact time at which it manifested itself, the degree of severity, and whatever changes it may undergo, are also to be reported.

We have already spoken of the difficulty of acquiring a sufficient acquaintance with the various methods of physical examination, to enable one to practice them with success. This has deterred many from undertaking, at all, this study, and has induced others, after ineffectual efforts to surmount it, to denounce, as utterly impracticable, all physical explorations. To the former we would say, that if the difficulties, that oppose the accomplishment of any task, are to be viewed as valid arguments against attempting it, then must all improvement in science, of necessity, cease. For there is no science, or department of human knowledge, that can be mastered, without the exercise of industry, perseverance and talent. The professional pretender, therefore, who pleads difficulty in extenuation of ignorance, is no better entitled to leniency, than the culprit who pleads ignorance of the law in palliation of crime.

Again, we have frequently heard physicians of highly respectable attainments, who admitted the practicability of ascertaining precisely the condition of the heart, lungs, &c., when diseased, by means of auscultation and percussion, contend, nevertheless, that our therapeutics, in affections of these organs, had not been at all improved, by their employment, in diagnosis. They say that, for all practical purposes,

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the character and extent of the lesion of these organs, can be sufficiently well made out, by attention to symptoms alone; and hence, that it is useless for young men to waste their time, in acquiring a knowledge of the physical signs. This opinion, however, we have never heard advanced by any one possessing acquaintance with auscultation and percussion. Hence we may safely conclude, that it has had its origin, either in the selfish desire to save individual credit, or else, in utter ignorance of the importance of correct diagnosis.

Were it true, that organic diseases of the heart, lungs, &c., can be detected by the changes of function, there would be some apology for this silly opposition to physical signs. But when it is admitted, even by the purest symptomatologists, that there are no symptoms positively pathognomonic of pulmonary affections, it should not for a moment be tolerated, and we are confident will not be, unless by such as are contented to remain in total ignorance of the only certain means of gaining such information as alone can enable them to treat with success, the various diseases of the chest. And not only will they prove useful in pectoral affections. There is no disease, the diagnosis of which will not be facilitated by attention to them. For instance, if we ascertain positively, that the chest is not at all involved, we limit the number of objects to be observed; or, in other words, we shall, as it were, have travelled over the third of a wilderness, the whole of which has to be explored, before we can determine in what part of it the object of our search lies. In the various forms of fever, affections of the lungs frequently occur, without occasioning any symptoms whatever, to call attention to them. These often prove the cause of death, if not speedily detected and properly managed. Now it is impossible to discover them, except by means of auscultation and percussion; and this fact has elicited from Dr. Stokes, of Dublin, as rational and philosophical a practitioner of medicine as belongs to the present age, the declaration, "that a person ignorant of percussion and the stethoscope, is totally incompetent to undertake the treatment of any case of fever." According to Bouillaud, of Paris, who has given particular attention to the subject, nearly one half the cases of acute articular rheumatism, are complicated either with pericarditis or endocarditis. These affections are both of exceedingly fatal tendency, and require bold and timely treatment. But like the affections of the lungs, complicating fever, they can be detected only by physical examinations. He, therefore, who is unacquainted with auscultation and percussion, is certainly incompetent to treat rheumatism.

These are some of the proofs of the utility of physical signs. We

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might go on, almost without limit, to give others of similar character: but we have already said more on this subject than we intended, and surely as much as will be patiently read.

We would not wish to be understood as wishing to undervalue symptoms. Far from it. There is no one, who will more cheerfully than ourself, subscribe to the declaration, that no opinion, as to the seat and nature of disease, should be relied on, until both symptoms and signs have been carefully observed and fairly weighed. They are alike indispensable to accurate diagnosis, and without this latter, therapeutics must ever remain vacillating and uncertain. Let us then bear in mind, that *correct diagnosis* is the only key to rational and successful treatment; and that it is only after due attention to all of the symptoms and all of the signs, that any diagnosis can be safely relied on.

The sources of physical diagnosis, as ennumerated by Dr. Stokes, in his admirable work on the diseases of the chest, are, First. The existence of an external venus circulation. Second. Signs derived from the displacement of the thoracic or abdominal viscera. Third. Signs derived from the inspection of the motion of the thorea during respiration. Fourth. Signs referable to the sense of touch. Fifth. Signs derived from alteration in the shape and volume of the thorax. Sixth. Signs referable to accoustics." These latter embrace the results of auscultation and percussion, and are the most important, because the most certain of all the signs. It is not our part, however, to remark here on the comparative value of the physical signs. Suffice it, that they are to be thoroughly studied, under favorable circumstances, before they can be properly appreciated; and that, after we are prepared to appreciate them, they are all to be carefully observed.

In pursuance of our original design, we ought now to treat of the "method of arriving at general conclusions, from individual facts." But to enter fully into the consideration of this subject, would consume more time and space than we can, at present, devote to it. We will, therefore, merely say, that the *facts*, when a sufficient number have been collected, are to be classified and counted.

This method of counting and classifying cases and symptoms, is known as the numerical method. It is the method which has been so successfully employed by Louis in the study of "phthisis," and the "typhoid affection." By means of it he has given to our knowledge of these maladies certainty, where before were only chaos and confusion. It is the method now adopted and pursued throughout the world, by all who have clear conceptions of the nature of medical science; and by means of it, alone, can *medicine* ever be elevated to a rank amongst the "Exact Sciences."

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ART. 2.—*Case of Granular Degeneration of the Kidneys.* By GEORGE K. PARDEE, M. D., of Wadsworth, O.

Reasin Simcock, aged 30, was attacked more than two years ago with pain in the right lumbar region, and frequent calls to empty his bladder, and occasionally with blood discharged from it; under which symptoms he had suffered for some time, and had taken some medicine before I saw him. His condition at this time was as follows, viz: Pain in the region of the right kidney, with a desire to urinate much oftener than in health, being obliged to get up several times in the night for that purpose; urine albuminous, sometimes bloody; derangement of the digestive organs; skin dry, and of a peculiar dingy or bloodless appearance. Patient has been robust and temperate, a laborer, and capable of enduring fatigue, heretofore, without inconvenience.

Treated with mercurial laxatives, a restricted diet, rest, counterirritation, &c. This course in a short time relieved the urgent symptoms, and the patient returned to his usual employment. Very soon afterwards, the same urgent symptoms returned, especially the pain in the region of the kidney, frequency of voiding the urine, and occasional bloody urine. A repetition of the same remedies, with such modifications as circumstances seemed to require, controlled the more urgent symptoms; but there continued a more copious flow of urine than usual, and the patient was compelled to get up five or six times every night to evacuate his bladder. The urine continued albuminous; and there was emaciation, and the exsanguineous appearance increased.

Thus the case alternated for eight or ten months, growing less urgent and severe, when the patient was taking medicine and at rest, and increasing when he resumed active labor.

About this time he had an attack of Dysentery, from which he recovered rather slowly. There was nothing striking in this, (the dysentery appearing in the ordinary form, and yielding to the ordinary treatment,) except that it seemed for a time partially to arrest the disease of the kidney. Very soon, however, after the patient resumed his usual employment, he was compelled to desist, and finally changed somewhat his business, so that he was able to get along with less laborious exercise. There were alternations from worse to better, but the progress of the disease from this time forward was uninterrupted. The emaciation, exsanguineousness, and increased secretion of urine, all progressed; and the treatment recommended by Bright and Christison appeared to produce no beneficial effect.

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About eight days before his death, he was seized with pain in the right kidney, extending along the ureter, of the most severe character. The circulation was not disturbed; appetite good; tongue clean. Fomentations and large doses of opium were used, which relieved the pain; but soon there began to be discharged with the urine large quantities of pus, and a soft cheesy looking matter. The stomach became irritable, and in a day or two afterwards there was another paroxysm of pain, for which opium was again prescribed. Pus and the cheesy matter appeared again in the urine, and the patient was seized with a protracted chill, followed by febrile excitement, severe pain in the head, delirium, picking at the bed clothes, and decided symptoms of arachnitis, under which he sunk and died, October 22, 1844. The urine continued to be intermixed with pus and cheesy matter in large quantities up to the time of his death.

AUTOPSY.

The abdominal viscera were all healthy except the urinary organs. The colon was contracted and contained many cicatrices, the effects of the dysentery. The right kidney was about one third of its natural size; its external surface was irregular and uneven, and instead of its natural, dark, uniform color, it was mottled or granulated. The ureter was four or five times its natural size. On opening the kidney, its substance was entirely changed. There were eleven or twelve cysts, and these occupied the whole of the kidney, containing white tuberculated, soft, cheesy-looking matter; some of them entire, and others communicating with the pelvis of the kidney and ureter; in both of which latter were portions of this softened tuberculous matter, as also in the bladder. The left kidney was enlarged, but not otherwise altered in its external appearance. On cutting it open, it contained some small tubucles about the size of small peas; the ureter was also dilated; bladder somewhat contracted. The brain was in a normal condition; the arachnoid was injected, and covered with lymph, and pus was effused upon portions of its surface; the dura mater was also healthy.

REMARKS.

This case presents some points worthy of especial notice. First.—*Its well marked character.* Who that has read Bright or Christison on granular degeneration of the kidneys can fail to recognise this as a peculiarly well marked case? The symptoms were unequivocal. The pain in the lumbar region, *exsanguineous appearance of the patient*, *albuminous urine*, and *being obliged* to *get up several times in the night to evacuate the bladder*, all were *characteristic of this disease*. The

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bloodless appearance is regarded by the writers above referred to as the result of the continued elemination of the albumen of the blood; thus as effectually impoverishing it as if there was a daily abstraction of blood from the vessels themselves.

Second. The duration of the disease. This case was of two years standing, and it is worthy of consideration that the patient might have lived many years longer if the sound kidney had not taken on the same diseased action. This appears to have been of quite recent character, and no doubt gave rise to the arachnitis, as a secondary effect. Is the extra burden thrown upon the sound kidney calculated to develope the same disease? Or is it a constitutional malady with which the whole system is tainted?

Third. *The paroxysms of pain.* These were produced by the passage of the tubuculous matter through the *ureter;* and may we not suppose, that the recuperative energies of the system would have been sufficient to have rid itself of the whole of this unorganized matter, contained in the one kidney, if the other had remained sound?

ART. 3.—*Case of Rupture of the Spleen.* BY J. B. POTTER, M. D., *of Canal Winchester, Ohio.*

Andrew Kris, æt. 35; German: Occupation, weaver; of good habits, and (with the exception of five or six paroxysms of intermittent fever, about twelve months previous,) uninterrupted health.

On the 16th July, 1844, was attacked with slight fever, and mal aise, but not sufficient to confine him entirely to his room; continued in this condition, until the morning of the 20th, when he remarked he would be able to resume his labour by the 22d; appetite, which had previously during his illness been poor, good; ate freely of "soup." About 3 P. M., complained of severe pain in the "stomach and belly," followed in a few minutes with vomiting of the contents of the stomach, immediately after which he said his "belly would burst," and that he was dieing. Expired at 5 P. M.

The above history, was gathered from the friends, as he was attended by a quack, of the witch breed, who, by hocus pocus, tried to cast out the fiend. This, with "one or two doses of pills," constituted the treatment.

Autopsy 22 hours after death. Present, Drs. Minor, Talbott, Highlands, Eels, Bywaters, L. A. Clark, A. Clark, Hunt, and Potter.

Finely developed muscular system, rather corpulent, brain and mem-

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branes, lungs and heart, in a normal condition. On opening the abdomen about half a gallon of venous coagula was found, which proceeded from a rupture about 1½ inches long, on the inferior portion of the capsule of the spleen, the parenchymous structure of the spleen, was entirely broken down and destroyed, constituting a grumous mass, so soft as to be easily washed away, stomach and bowels normal, liver slightly enlarged and congested.

This case seems important, as it adds another to the number of cases demonstrating the rapidity with which the spleen may become softened from active inflammatory action, and the small amount of constitutional disturbance, at least *sometimes*, produced, before it proceeds to a fatal termination. It has been suggested that cases of this kind "may proceed from some acute inflammatory action and slow softening." I think such was not the fact in the above case, as the subject had been in robust health, during at least the previous 11 months, and had been actively engaged at his loom. Respectfully, yours, &c.,

J. B. POTTER.

ART. 4.—*Insanity cured by excision of the external organs of Generation.* By SAML. N. McMINN, M. D., of Tuscaloosa, Ala.

I was called to see Mrs. B., fifteen miles into the country, and was told by the messenger, to use his own language, "that she had been crazy for several years, and now had ruined herself with a razor." I found her visage bloodless, and pulse at the wrist almost imperceptible. Upon further examination I found her floating in blood. She had procured a razor, and secreted herself, and commenced an operation upon her own body, as it appeared, by making a horizontal incision above the pubis, about four inches in length; then intersecting this, two other incisions one on each side downward on the inside of the thighs, so as to include the whole of the external organs of generation, and terminating the process by amputating or exsecting the whole of the external organ. The wound was so deep as to lay bear the os pubis, and wound, or perhaps remove, the external portion of the urethra and vagina. Taking into consideration the great loss of integument and blood, the necessary irritation of the urine passing over the raw surface, I thought it likely she would die. I dressed the wound with the most simple dressing, and ordered a dose of castor oil in the evening, if the bowels were not moved. During the whole time of my stay on the first visit, she was talking incessantly and unintelligibly.

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I learned from her friends, that about six years previous to the above date, when she was about forty-two years of age, she ceased to menstruate; and a few months afterwards became deranged, and had remained so ever since. In consequence of her derangement, her husband had abandoned her, and had not lived with her since.

The next day I visited her again, and found evident marks of returning reason. Her mind continued to improve, and in about three weeks her reason was perfectly restored. In about four months the wound ompletely cicatrized. From that time to the present I believe she has enjoyed the right use of her reason and good health; and she and her husband live together in peace and good order.

I am pleased to call the attention of the profession to this case, as I presume there are a number of just such in existence. And the results of this case may suggest a remedy. Whether it was the great loss of blood, the removal of the external organs and the counterirritation consequent, that cured the patient is a question for the consideration of the profession. I have had the opportunity of making examinations in three different cases which I presume are quite similar to Mrs. B.'s, since her case occurred to me; and in each case I found the external organs of generation tumified, indurated and issuing a serous, acrimonious, and quite offensive fluid, indicative of considerable disease in the parts. But whether this condition of the organs existed before mental aberation was evident, or had set in at a later period, I am unable to determine.*

ART. 5.—Dr. C. J. B. WILLIAMS'S *Lecture on Dyspepsia.*—We have now to consider the subject of *dyspepsia*, or, as it is commonly termed, *indigestion*. You will find this state described under different forms, and arising from two opposite conditions; in one, from the stomach being too empty, and in the other from its being too full. The three chief varieties of dyspepsia, according to practical men, are: first, disorder of the function of the stomach, chiefly of an inflammatory kind; secondly, the atonic species, which is connected with a great degree of weakness in the organ, and in the function connected with it; and, thirdly, the irritable kind, that in which the nervous system is greatly

* It was subsequently ascertained, that this woman enjoyed the usual venereal excitement after the operation; and as the *clitoris* was removed, it would conclusively prove, (if proof were necessary) that the excitement does not reside in that organ.

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excited, and the various symptoms which take place are of the nervous character. These three varieties, the inflammatory, the atonic, and the irritable, sometimes occur in a manner so distinct, as to justify the division which has been made of them; but in many instances you find these different varieties run into each other, or become perfectly combined. Thus, for instance, the atonic variety usually arises from the food taken being either too hard to be digested, or the stomach being too weak to act upon it. But, if this continues long, the food acts as an irritating mass, and excites, not merely irritation or disturbance, but even inflammation, and thus the inflammatory form of dyspepsia becomes superadded. This is not at all an uncommon combination. Again, the inflammatory form of dyspepsia in nervous subjects sometimes passes into the irritable; that which is at first inflammation, often becomes, in nervous subjects, a sort of neurosis. Severe gastrodynia commonly occurs in the commencing stage of inflammatory dyspepsia. Still, however, making all these allowances, it is better in a practical point of view to group the different causes of indigestion into three classes: chiefly because the different forms require different treatment.

Firstly, the *inflammatory form:* this is a low degree of the sub-acute form of gastritis, in which there are symptoms of a low inflammation of the stomach; and this is particularly excited during the digestive process. The sensations complained of are: more or less heat, pain, and tenderness, chiefly at the epigastrium, or referred to the sternum; this is mostly felt after taking food. There is thirst, and the tongue commonly exhibits a red aspect, especially at the margin and tip, and the papillæ are elongated; it often happens that the tongue is white and furred, and sometimes it is smooth and red, with a tendency to be dry; again, it may be glazed, as if it had been stript of the epithelium which covers it; sometimes, it is smooth and dry in the middle, and furred on the outside. I have seen ulceration of the tongue in this variety of dyspepsia. The fauces, too, in this disease, are very frequently red, and the uvula is somewhat elongated. There is sometimes slight inflammation about the whole mouth, and the lips are parched and dry. The bowels are commonly confined, and, in most cases, there is, with this irritation of stomach, a tendency to vomiting. The urine is high-colored and scanty, sometimes depositing a considerable quantity of lithic acid. Thirst, and a slight amount of feverishness, come on during the periods of digestion; the skin is dry and hot; acid perspirations may take place at night, and the pulse is quickened; the circulation, though accelerated, is weak; the feet are cold, and headache is often complained of. These different symptoms are increased

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on taking food, more especially stimulating aliments, or hot drinks. Under these circumstances there may be an unnatural pulsation at the epigastrium, and pain, not only at this point, but likewise extending to the right or left hypochondrium, and the region of the heart, as well as the back, and the left shoulder-blade. The temper is commonly observed to be remarkably irritable, more particularly after meals, this being the period of the greatest discomfort. This variety is not so commonly accompanied by sour eructations and accumulation of wind, as the atonic form. It is apt to be attended by a disordered condition of the skin, and erythematous eruptions sometimes show themselves. Now, when these symptoms, which I have been considering, have continued long, and the strength has become greatly impaired, they are apt to pass gradually into those of chronic gastritis; in fact, organic disease appears to be a frequent result of the long continuance of inflammatory dyspepsia.

The chronic form constitutes one of the varities of hypochondriasis. The causes of this form are sometimes merely temporary, such as excesses of diet, especially stimulating food and liquors. It is not uncommonly produced by excessive indulgence in stimulating liquors, especially by those who are not accustomed to them; and it is produced, likewise, by some of the common causes of inflammation. Hot drinks, in excess, have been known to produce it; and, sometimes, the sea air will bring on an attack of gastritic dyspepsia. Irritating medicines, too, have a similar effect in some cases. It is apt to occur in persons of plethoric habits, and not uncommonly in hysterical females, or in connection with amenorrhœa. This disease appears to be a kind of sub-acute inflammation. During the period of digestion, there is a greater flow of blood towards the stomach, than at other times, and this species of congestion, day after day, during the digestive process, keeps up the mischief.

The *treatment* is the same as for the slighter forms of inflammation: and, in a plethotic subject, it may be necessary to draw blood; but, as it commonly happens that the chief pain and discomfort are referred to the epigastrium, leeches, poultices and sinapisms, may be all that is necessary, where the patient is too weak to bear a great loss of blood; and these may be applied to the pit of the stomach, during the process of digestion. Internal medicines are of considerable efficacy in relieving this tendency to excessive inflammatory congestion. Small doses of mild mercurials, once or twice a day; hydrarg. cum creta, or blue pill, combined with narcotics, such as henbane or hemlock, followed by small doses of castor oil, are of considerable avail in unloading the ves-

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sels of the stomach and the intestines; besides drawing off the excess of blood in these parts, they fulfil another indication—that of keeping the bowels in a moderately loose state. It is likewise necessary to moderate the action of the stomach, with cold drinks and alkaline solutions, and, if there be a nausea or a tendency to severe pain, hydrocyanic acid may be added, with benefit, to the saline solutions. Mucilaginous drinks are useful in the same way; and iced or cold water, sipped frequently, is likewise of great utility. Sometimes, it is necessary to employ these during the digestive process, and sometimes before meals; or even the first thing in the morning. It is of the greatest consequence, in the treatment of this variety, to regulate the diet strictly, and to avoid stimulating food and drinks. Mild, farinaceous food, gruel, arrow root, sago, tapioca, &c., varied from time to time, sometimes in a more solid, and sometimes in the gelatinous state, and occasionally light puddings, may be given. For drink: barley-water, soda-water, toast-water, or whey, answers very well. It is always necessary, in these cases, to attend to the general health; there is generally a weak circulation, and the great object is to improve it. The patient should use constant exercise, avoiding cold winds, and taking care to clothe the body well. In chronic and old-standing cases, where the patient gets tired of medicines, considerable advantage is derived from sulphurous and saline waters; those of Harrowgate, and some other places. When the patient begins to be convalescent, he should gradually return to the use of animal food, taking care never to over-proportion its quantity or quality to the powers of the stomach: the return should be very gradual, indeed, to the use of stimulants.

The next variety is the *atonic dyspepsia*, called also, *asthenic*, and which is attended by a loss of power in the stomach. The loss of power comprehends several kinds; there is not only a loss of muscular power, but a loss of functional power, from deficiency in the secretion of the gastric juice; and there is, also, disorder in the mucous secretion of the stomach. The symptoms of these cases are: frequently, loss of appetite; loathing and even nausea, or vomiting; the appetite is sometimes capricious, there being great craving, and still, at the same time, when the food is taken, there is a sense of great discomfort, with nausea and perhaps vomiting. There is also a feeling of weight in the stomach, and this organ cannot digest what is taken; there is, moreover, a feeling of distension after eating, obviously arising from flatulence. There are eructations, not only of gas, but also of solid matter and liquids, generally sour, though sometimes tasteless, and even saline. Muriatic and acetic acids mostly abound in these secretions from the stomach.

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The eructations that take place after eating very commonly contain acetic acid, and, in that case, a kind of fermentation takes place. Sometimes, the eructations consist principally of water, or a watery saliva, and diluted mucus. The *waterbrash* is of this kind. Often there is a bad taste, and a disagreeable smell in the mouth; and sometimes the mouth is lined with a fur, which is very fœtid and offensive. These varities of bad taste may occur chiefly after eating, but in some cases they are perceived when the stomach is empty. Sometimes eating removes a great deal of it. The tongue, in this variety of dyspepsia, is considerably altered, though not exhibiting the dark redness of the last kind; it is furred more or less, and covered with a thin whitish coat; frequently it is much swollen; the breath is often fœtid, and the bowels are commonly costive; the urine is high-colored and disordered: it is scanty and turbid, and sometimes loaded with urea, while, at other times, it is very clear; sometimes, there are phosphatic and other deposits found in it. The pulse is weak and usually accelerated; the extremities are cold, and the skin very moist, perspiration being easily produced. There is, commonly, more or less headache, vertigo, and an indisposition to exertion; in fact, general languor of the body and mind.

Now, this form of dyspepsia is usaally connected with great debility of the stomach, and of the system generally. It occurs in cases of general weakness, where there is a state of anæmia. Sometimes, however, this affection is entirely local. Thus, for instance, a person who has had a surfeit, in whom the stomach is habitually weak or irritable, after taking too great a quantity of food, may have an attack of this species of dyspepsia, with many of the symptoms I have been describing. Very poor living, long continued, is apt to produce a similar effect. Hence, we find this kind of dyspepsia commonly occurring among the lower orders. Sometimes, too, frequent irregularities of diet, more particularly in persons of weak constitution, engender this form of disorder. It occurs most commonly in persons of weak and relaxed habits, as well from the causes I have mentioned, as from indigestible food ill-adapted to the capacity of the stomach of the individual; and very slight causes will excite it again and again. Persons of very sedentary habits, who are closely confined in bad air, or are accustomed to intense mental application and great mental anxiety, thus exhausting the vital energies, are found to be very subject to this kind of dyspepsia. Circumstances which weaken the circulation, and long-continued neglect of the function of the lower part of the intestinal canal, are apt to promote the occurrence of these attacks.

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You will, therefore, understand that this disease is essentially a weakness of the stomach as a muscular organ, but, more particularly, as an organ of secretion and digestion. The secretions of the stomach are, sometimes, imperfectly mixed up with the products of the disordered digestion. A variety of this kind has long been known under the name of pyrosis, or waterbrash: is one of the varieties of diseased secretion, and is characterized by eructation of liquid. I need not consider it as a separate variety, because it is but one of the symptoms occurring in atonic dyspepsia. Sometimes this secretion takes place in such quantities as to merit the term of flux. Waterbrash occurs very frequently among the poor Scotch and Irish, who live on potatoes and porridge, and in others who are of a lax habit, and get their stomachs disordered from a variety of causes. Now, with regard to the *symptoms* of this affection: it may present itself under an acute form, and these acute attacks depend less on the permanent weakness of the organ, than upon the effect resulting from some recent agent; as, for instance, on some surfeit of food, or food of an improper character. Under these circumstances, when the stomach is very much disordered, and the tongue is greatly furred, much benefit is often derived from the exhibition of an emetic, which gives a stimulus to the stomach, clearing away the diseased secretions, and altering them in character. By this means, the stomach is enabled to recover its healthy tone. Purgatives are often useful, more particularly the bitter kinds, which are tonic to the stomach, and, at the same time, act as aperients to the canal below it. For instance, rhubarb and aloes, combined with magnesia and alkalies, are very useful. In anæmic cases, iron is the great remedy. There are, however, particular symptoms to be treated in indigestion, that are met with, perhaps, from time to time only. For instance, flatulence and heart-burn, when they occur, are commonly subdued by aromatics: as peppermint, sal-volatile, or æther, in combination with liquor potassæ, carbonate of soda, or magnesia. All these antacids and carminatives tend to counteract the flatulence. Nausea and bad taste are greatly relieved by mild salines: citrates of potash and soda, or tartarized soda; or some of these salines may, in certain instances, be combined with aromatic waters. I have occasionally found advantage from combining them with creosote. Seltzer water is also serviceable in these cases. In waterbrash, the nitrate of bismuth, given in doses of five to ten grains, with gum mastic and sugar, is a good remedy; and, if there is acidity, calcined magnesia may be combined with it. In case of nausea being present to a great degree, hydrocyanic acid may be given with much advantage. But, the most important point in

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the treatment is, to give tone to the stomach, to allay its excitability, and to get into proper action its secretory function. Now, this is done, perhaps, more effectually by diet and regimen, than by medicines; nevertheless, I have found tonic remedies often render very great aid. Dieting the patient is of great importance, and the stomach should have a proper degree of rest. Weak organs are not benefitted by total rest, though, of course, they are diseased by too much exertion; the exertion should be moderate. It is, therefore, of the greatest consequence in the treatment of atonic dyspepsia, to give the meals at stated periods and fixed hours, keeping carefully to those hours, and taking care that the individual gives sufficient rest to the stomach and the whole system, to enable the digestive process to go on as favorably as possible. The stomach is to be, in a measure, coaxed to do its proper work. In atonic dyspepsia, instead of gruels and slops, you find some solid food agrees better, and you may commence with animal diet, in small quantities, with a sufficient mixture of farinaceous food: bread, not too stale, nor yet too raw, and a little rice exceedingly well boiled. Rice should not be boiled in a cloth; that is a complete perversion of a very useful vegetable. A little cauliflower, and maccaroni, may be taken. The lean of a mutton chop, or a slice from a joint, when hot, often agrees very well, and may be readily digested, where more would cause a severe fit of indigestion, and where slops, or broths, &c., would but increase the malady. If this is not sufficient to sustain the patient, a meal of this kind may be made twice a day. Sometimes, meat at breakfast, either with tea or coffee, in moderate quantity, or even with cold water, is a good plan of diet. A stimulant is often very useful, and a little weak brandy and water may be given, but the quantity of liquid should not be considerable. Dyspeptics should dine at very regular hours; taking breakfast at eight or nine, dining at one or two, and introducing, between dinner and the next solid repast, a liquid meal, consisting principally of weak tea, and eating very little with it. A biscuit and a glass of wine answer very well between meals. It is a great mistake to suppose that the patient must be absolutely starved. You must draw out the powers of the stomach, by means of diet and remedies, taking care to avoid fresh causes of indigestion. It is highly beneficial to promote the general strength and health, by exercise of a moderate kind in the open air, but not immediately after meals. An hour or two after breakfast, and after dinner, exercise should be taken, but not to so great an extent as to produce fatigue. Lastly, the medicines should be of the tonic class: columba, cascarilla, and gentian, combined with alkalies, or mineral acids, whichever are found to suit best; for, a constant rule cannot be

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laid down. It is of the greatest consequence to ensure regular evacuations; and if the tone of the stomach is not restored by the plan of diet before alluded to, it is much better to take some gentle saline aperients. In many instances, it is necessary, where the patient will not submit to diet and regimen, to resort to mineral or saline waters. The chalybeate waters of Cheltenham, and Tunbridge Wells, are very often useful.

The irritable form of dyspepsia is known by various names: such as, cardialgia, gastrodynia, gastralgia; it is a morbid sensibility of the stomach, with nervous dyspepsia, and presents chiefly the following symptoms: pain, uneasiness, and unpleasant sensations, referred to the stomach, the sternum, the left side, and the back, sometimes radiating to the arm, and occurring mostly after food; but in some few instances, without taking any food at all. In these cases, although there is a great amount of pain and constant tenderness at the pit of the stomach, there is no increased heat of the skin, nor is the pulse quickened to any considerable extent. The pain is frequently relieved by pressure, and by hot liquids, or various circumstances which would exaggerate the symptoms of the other forms of dyspepsia. The pain is sometimes very severe, coming on in paroxysms, affecting the back and the chest, constituting gastrodynia and gastralgia, in its highest degree, and sometimes, also, occasioning difficult breathing. At times, there are nervous symptoms, and pain in individual parts—sympathetic irritations: as, palpitation, asthma, cough, pains in distant organs, cramps, twitchings of the face and lips, and so forth. Here, we have the nervous sensibilities called into action by the imperfect function of the stomach. There is, sometimes, connected with this form of dyspepsia, great mental depression and even despondency; and the more intense form of this disease constituses hypochondriasis, or melancholia: in the one case, the patient describes his symptoms with tedious minuteness; while, in the other, the spirits are greatly depressed, and the individual is unable to refer his complaints to any particular organ. The appetite, in this variety of disease, varies: sometimes it is most enormous, and, occasionally, the patients fancy they can eat all sorts of unwholesome things. The pulse varies very much. The tongue is clean, or else there is a thin fur upon it. The patient is often very tremulous, and there is but little thirst. The bowels commonly are costive, but the evacuations are not disordered in appearance. The urine is generally copious, as in many other nervous affections; sometimes, however, it is rendered turbid by a deposition of the phosphates. The causes are those of indigestion, affecting nervous subjects, especially in such as labor under nervous symptoms in other parts. There are often found, in connection with

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this state, symptoms of spinal irritation, and tenderness in the situation of the middle or lower dorsal vertebræ. This variety may run into the other forms.

Now, the *treatment of this affection* is much the same as for atonic dyspepsia. Nitrate of bismuth, and hydrocyanic acid, are useful where gastralgia is present; when the nervous sympathies of the stomach (as palpitation, &c.) are exalted in a high degree, narcotics, such as stramonium, belladonna and opium, are very serviceable. In a less degree, alkalies are useful, particularly liquor potassæ and lime water. Mustard poultices give great relief. As more permanent remedies, to deaden the nervous sensibility, nitrate of silver, or sulphates of copper and iron, in various proportions, are found to be of very great efficacy. It is of great importance, in these local nervous diseases to improve the general health and the tone of the vascular system, by taking exercise in the open air.

Now, there are some analogous affections to these, occurring in the duodenum, and which require a little consideration. When they are combined with the affection of the stomach, the symptoms presented by the latter are somewhat modified. There is, sometimes, disorder of the liver, and of the hepatic system, and there exists pain to the right of the epigastrium, and uneasiness felt after food. The faces are apt to be discolored, and the secretion of bile is more or less wanting. The appetite is, in some cases, good, and there may be no uncomfortable sensation immediately after eating, but it is felt two or three hours subsequently. There is seldom much fever present in this variety of duodenal dyspepsia. There is headache and vertigo, and sometimes giddiness and faintness are felt. If this disorder continue long, it is apt to produce cough, palpitation, jaundice, and disorder of the secretions generally. The urine then becomes thick and high colored, and tinged with bile; the tongue is furred and of a yellowish tinge, and often presents a patchy appearance; sometimes there is vomiting, and the skin exhibits a morbid aspect. This disease occasionally leads to tuberculous cachexia, from the imperfect action of the liver, and subsequent disorder of the general system. The causes of this, and other similar affections, are: bad and indigestible food, passing into the duodenum in an undigested state, and there causing irritation; hurried eating; and acute attacks if duodenitis. These attacks are not uncommon in persons of sedentary habits.—[London Med. Times.

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Art. 6.—*Tobacco—its effects in producing certain Diseases.*—In the year 1837, my attention was called to two cases of disease in the same family. The symptoms and phenomena attending them were so similar, that it struck me at once that they had a common origin. The first was that of a young gentleman, D. W., a student of law, of a nervo-sanguine temperament. He had been a martyr to dyspepsia for two or three years. He had spent a year in the Western States, and had attended the Law Lectures at Cincinnati. While at the West, he had acute ophthalmia, which was treated by active depletion with little benefit, as his eyes, when I first saw him, were highly injected, cornea vascular and semi-opaque, and the lids granular. He applied to me for the treatment of his eyes, but what most afflicted him constitutionally was low spirits, want of resolution, and general hypochondriasis. His stomach would receive food with a good relish, but the moment he had finished his meal, a train of nervous symptoms came on, which harassed him for hours, until the stomach was empty. Acidity, cardialgia, gastrodynia, palpitation of the heart, giddiness, vertigo and fulness of the head, with the most profound gloom, and, keenly alive to every feeling, he was in constant fear of death, yet tempted to commit suicide to escape from a life more intolerable than death itself. These symptoms harassed him for months, with varying degrees of intensity, when a new symptom arose, which terrified him more than all the rest. His sleep had been broken by the most horrid imagery in the shape of frightful dreams, for more than a year; but now, when the first hour of sleep came over him, he was suddenly awoke by a shock in the epigastrium which started him in great alarm from his sleep. These shocks and startings were repeated several times in the course of the night, and as often as he fell into a slumber. They were at first confined to the epigastrium, but after a few weeks the sensation was transmitted to the head, which he described as more unendurable than when confined to the epigastrium. It was followed by a sensation as if a rush of blood took place to the head, and a firm conviction in his mind that he should die with apoplexy. This impression preyed upon his mind incessantly.

I was often summoned in the night in great haste, and found him agitated, with cold sweats, palpitation, and terrible apprehensions of immediate death. A little soothing encouragement, a dose of morphine and carbonate of ammonia, would dispel his fears and quiet his agitation, and enable him to rest the remainder of the night with tolerable composure. This state of things lasted several months, during which time he was not in a condition to pursue any kind of business, and find-

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ing that medicines only gave him temporary relief, I suggested to him that tobacco might have some agency in his complaints (as he used it freely, by smoking, chewing and snuffing,) and advised him to abandon the habit. In this I was successful so far as chewing and snuffing were concerned; but he was so attached to his cigar, that it was a long time before he could be induced to leave that. I will add here, that from the time he left the habit of chewing and snuffing, his health in some measure improved, particularly the shocks and epigastric sinking. He now became satisfied that his partial abandonment of the habit had been productive of good, and renounced the habit entirely; and the nocturnal shocks and epigastric sinking, with the whole train of nervous affections, vanished as if by magic. His digestive powers gradually improved; the chronic inflammation of his eyes yielded readily to appropriate treatment; the gloom and despondency which had oppressed him as an incubus, cleared away; the nervous palpitations and rushings of blood to the head subsided, and he was able to prosecute his studies with energy, was admitted to the practice of law, and is now an able and talented member of the bar, in the possession of good health, spirits and prosperity. The foregoing history I copy from my notes taken at the time. There were many other symptoms which are common in dyspeptic cases, and many of those described are found in every-day practice in nervous dyspeptics and hysterical habits. The sudden and complete cure of all the symptoms on leaving off the use of tobacco, was too obvious to escape the observation either of patient or physician.

I will now briefly allude to the case of a sister of the gentleman whose case I have been describing, although not occurring in the order of my notes. She was married, and the mother of two children; her age 39; dyspeptic for the last ten years; of a nervo-sanguine temperament; her youngest child 10 years of age. Suffered since her last accouchment from leucorrhœa, partial prolapsus uteri and hypochondriasis. Has smoked and snuffed tobacco for fifteen years. Eight years ago began to have shocks at the epigastrium, with a sinking sensation at the pit of the stomach, cardialgia, acid eructations, a sense of rushing of blood to the head, palpitations, sleeplessness, and startings when first falling into slumber. These kept increasing upon her, when there came on tenderness of the spine along its whole length, but more especially in the cervical and lumbar regions, rigidity of the limbs, costiveness, derangement of the catamenia, &c. She has been under treatment for a long time, with little or no benefit. To soothe her feelings, she had taken more freely of snuff, and had smoked more often, as she fancied that it gave her temporary relief. Seeing the good effect from abandoning the

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use of tobacco in her brother, she made the same experiment in part herself, and with the same marked relief from many of the symptoms. The shocks at the epigastrium left her, sleep became quiet, her mind more cheerful, and the epigastric sinking, cardialgia, acidity and eructations were greatly relieved. The spine, however, required cupping and counterirritation, and with the use of anodynes and tonics she recovered a comfortable state of health. This patient has frequently ventured upon a moderate use of tobacco since, but after using it awhile she experiences, though in a slight degree, her old feelings, and then quickly abandons it. She is perfectly satisfied of its pernicious influence upon her constitution, and therefore is in little danger of carrying its use again to excess.

S. E., æt. 40, was in possession of good health until 1838, when he began to emaciate and grow pallid, his food did not digest well, acidity, heart-burn, gastralgia, palpitation of the heart, sinking at the pit of the stomach, and a host of nervous symptoms; gloom, hypochondria, and apprehensions of sudden death. But what most amazed him, and which filled his cup of misery full, was shocks at the epigastrium, which attacked him when first falling asleep every night. These followed him two years, and increased to such a degree that his sleep was a succession of starts, which nearly wore him out. At the end of two years they came upon him during the day. He described them as like shocks of electricity, and confined to the epigastrium. He was incapacitated from business of any kind, was weak, irresolute and desponding. Had consulted many physicians, and taken a great variety of medicines, with only temporary relief. On his giving me a history of his case, I was struck with its similarity to that of D. W., and inquired if he was not in the habit of using tobacco. He stated that he was, and had sometimes imagined that it might have some agency in producing some of his bad feelings, but had never had any physician advise him to leave it off, and in reality was too much a slave to its use to lightly make the sacrifice. Upon my assuring him that the symptoms and disease depended upon the habit, and that nothing but a complete and total abstinence from it would restore him, I extorted a promise that he would lay it aside a month at least. As he was costive, I prescribed the compound syrup of rhubarb, and directed him to call again in a month. At the end of that time I was agreeably surprised to witness the improvement in the appearance of my patient. His countenance, which had previously exhibited a sallow, pallid aspect, was now ruddy with health and strength; he had gained fifteen pounds of flesh in the time, and his strength had increased daily from the time I last saw him. But what

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to him was more than all the rest, the annoying shocks, with the general nervous agitation attending, had entirely left him from the third day of his abstinence from tobacco. The dyspeptic affection, the palpitation, the gloom and depression of spirits, the apprehensions of death, had vanished as if by enchantment. He had resumed his business (that of a farmer;) he could now sleep quietly through the night, and get up in the morning refreshed and buoyant in spirits, and is so convinced that tobacco was the root of all his previous complaints, that it requires no advice to induce him to forever refrain from its use. This man has now the most perfect health, and has taken no medicine since the first month.

C. P., æt. 43; nervo-bilious temperament; farmer; temperate; has been a tobacco chewer for twenty years; has been dyspeptic for ten years, more or less, attended with nervous palpitation and acidity, hypochondriasis and epigastric sinking. First began to have shocks at the epigastrium in 1839, in the night on first getting asleep, which started him up in great agitation and alarm; was frequently obliged to get up and sit, for fear of the shocks. On his consulting me, I advised him to discontinue the use of tobacco, and prescribed no medicine. He left it off, and the shocks immediately subsided. He did not resume the use of tobacco again for eighteen months, and was healthy during the time. Being of an irresolute disposition, he resumed its use again, and in two months the shocks began with great severity. They were now felt in the chest and region of the heart—at first always in the night, but after awhile in the day-time, with a rushing of blood to the head, which would momentarily deprive him of consciousness. The shocks now took place in the head. This so terrified him that he earnestly besought me to prescribe something for him, and agreed to abide my advice. My opinion was, that no medicine would be of the least service without a complete abandonment of tobacco. This he solemnly promised he would do. I prescribed the compound syrup of rhubarb, with the ammoniated tincture of valerian. The shocks at once left him, his sleeps became quiet, his dyspeptic symptoms disappeared, his mind became calm, spirits elastic, and he was capable of working his farm. Two or three times since, he has cautiously ventured on the use of tobacco, but after a certain length of time his old feelings begin to appear; so that it is reduced to a demonstration that tobacco was the sole cause of his former troubles. This man has increased fifteen lbs. in flesh, and his color, from being sallow and pale, is of a ruddy hue.

S. C., æt. 63; farmer; robust and healthy, until four years ago, when he began to complain of epigastric sinking, sleeplessness, palpitation, irritability and nervous tremors. Shocks at the epigastrium came on at

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the first hour of slumber, which were repeated several times in the course of the night, and often in the morning before breakfast. Has been a tobacco chewer thirty-eight years, and a portion of the time to great excess. On his consulting me, I suggested that tobacco was the agent in all the trouble which he experienced. He said he had often suspected it, but had never had fortitude and resolution to forego its use, but agreed to make a trial. The shocks immediately left him, together with all the train of nervous affections; his sleep became calm, his strength and flesh returned, his spirits improved, and he has gained twenty pounds of flesh in three months. He has not resumed the use of tobacco. This man was temperate in all things except tobacco, neither using tea or coffee. He was sensible for years that something was wrong, but could not believe that an article in such universal use as tobacco, and one which he had used for a long series of years, could possibly cause his troubles. This, I am persuaded, is the case with hundreds, who are similarly situated.

S. J., æt. 54; nervous temperament; farmer by occupation; has been in the habit of using tobacco for ten years. It frequently has salivated him. He spits much, is emaciated, nervous and hypochondriacal. The shocks commenced about two years ago in his bowels. They came on in the night, when first getting into a drowse; at length they came on in the day-time, with epigastric sinking, costiveness, and general dyspepsia. I put him on the use of the compound syrup of rhei and ammoniated tincture of valerian, and at the same time he left off the use of tobacco. The shocks immediately left him, and he improved gradually, so that at the present time he is in comfortable health.

A. C., æt. 27, is of a sanguine temperament, and robust habit; a farmer by occupation. Has chewed tobacco for four years to excess. Was taken in the summer of 1841, suddenly, with sinking at pit of stomach and faintness, which obliged him to lie down in the field. Shocks at the epigastrium came on about the same time. These were first at night, on getting asleep, but after awhile in the day-time; at these times he would suddenly break out into a profuse perspiration. His digestion was tolerably good, and his health otherwise little impaired. He says that previous to these symptoms he had used large quantities of tobacco, but never imagined that it could hurt him. I advised him to immediately discontinue its use, which he did, and the shocks and faintness left him at once and have never returned. This man took no medicine.

Rev. Mr. H., æt. 30; of a nervo-sanguine temperament; addicted to the use of tobacco fifteen years. For many years he was troubled with

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epigastric sinking, and lately with shocks in the same region. He is in tolerable health in other respects, and but for the annoyance which they occasion him when first getting asleep, would not think of asking medical advice. I recommended him to quit his tobacco, which he did, and a perfect cure was the result.

J. S., æt. 40; of a nervo-bilious temperament; followed the sea many years; commenced smoking for spitting up his food. Soon commenced chewing, and carried it to excess, often using a pound a week. Five years ago began to feel a sinking sensation at the pit of the stomach; then starting from his early slumbers, with a shock through the epigastrium and sometimes chest; a rising sensation, like an aura, to his head. Oppression at the chest great, and sudden difficulty of breathing, palpitation, choking, sudden faintings, unquiet sleep, frightful dreams, dyspepsia and hypochondriasis. From being strong, robust and resolute, he became weak, nervous and timid. In this condition he applied to me for advice. It was with much difficulty that I could persuade him to quit his tobacco, and when he attempted it he was often a backslider. But soon he perceived the good effects, and was at length induced to lay it entirely aside, and with it went all his former bad symptoms. I have since ascertained that he was somewhat addicted to the use of ardent spirits, which may have contributed in a measure to some of the complaints.

REMARKS.—I might multiply cases that have fallen under my observation, to demonstrate the fact that tobacco is capable, in certain constitutions, and under certain circumstances, of producing a specific set of phenomena which are peculiar and pathognomonic. All the symptoms are more or less attendant on dyspepsia, hysteria and hypochondriasis. But the shocks at the epigastrium are so prominent a symptom, and so uniformly felt when tobacco was abandoned, as to constitute a striking peculiarity. The habitual use of any narcotic is liable to produce derangement of the digestive organs, and through that a long train of nervous derangements, which baffle the skill and tire the patience of the physician. The digestion once impaired, the great nervous or ganglionic system takes on a chain of sympathies, which are often at a distance from the first organ affected.

The habitual use of tobacco, when not carried to excess, does not produce disease, and perhaps we may say that it does not generally do so. From the nature of the substance and its peculiar narcotic properties, an individual cannot start off at once on a free and liberal use of it. Nature has so fashioned us, that when we transgress her bounds (especially in reference to tobacco) we are reminded, by nausea, of the extent

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we are allowed to go. If it were not for this, how many would destroy themselves before a habit could be formed, rendering its employment so safe that large quantities can be taken almost with impunity. It is the same with all narcotics. Opium, for instance, can be taken, if a habit is once established, in immense quantities, and apparently with little harm. Still, there are constitutions that have long held up under the use of narcotics, that will receive gradually and almost imperceptibly an injury which nothing can remedy so long as the pernicious habit is persisted in. This is emphatically true as regards the use of tobacco. The martyrs themselves little suspect the secret enemy that is sapping the foundations of health and life. They have been accustomed to it, perhaps, from childhood. Their grandfather, father and brothers have used it before them. They never heard a word spoken in disparagement of it, and their own inclination is a powerful advocate for the pernicious article. Perhaps, too, their physician has spoken a good word in favor of their common friend, which has done much to establish it still stronger in their good graces. They may, however, now and then have some misgivings, as they lay awake night after night, taking an inventory of their wretched feeling; but this is laid to the charge of dyspepsia, or the wear and tear of business, until finally they ascertain the true cause, or some acute malady comes to their relief, which, while it lasts, compels them to abandon (for a while at least) the article, while nature re-asserts her violated laws.

As a general rule, those who use tobacco to excess are much troubled with wakefulness; and when they do sleep, it is not "tired nature's sweet restorer," but a succession of broken slumbers, interrupted by startings and disagreeable dreams. Excessive smoking has been known to produce a state of the system in all respects similar to delirium tremens. Most of the narcotics, I believe, when habitually indulged in, render the sleep broken and disturbed with dreams of frightful imagery.

I am not disposed to condemn the use of tobacco in total, for I am not certain that in many constitutions and temperaments it may not be of some service, or at least, that it may not be free from harm; but in those of a nervous temperament, predisposed to dyspepsia and hypochondriasis, I am certain that it is capable of, and generally does do, a vast deal of harm, and is productive of an amount of bodily and mental suffering which few men are willing to encounter a second time. Every physician of much experience in chronic disease, cannot fail of seeing, in some of the cases which I have attempted to sketch, a portrait of many a wretched patient, who has with eloquence and painful minuteness dwelt on his sufferings, his fears and his fancies. Such cases have

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generally been called dyspepsia, and have been drugged and dieted, or sent off on foreign travel, carrying in their waistcoat pocket the Pandora's box of all their woes.—[Boston Med. and Surg. Jour.

A. B. SHIPMAN.

Cortlandville, N. Y., Nov. 15, 1844.

BIBLIOGRAPHICAL NOTICES.

ART. 7.—*Elements of Materia Medica and Therapeutics.*—By JNO. P. HARRISON, M. D., Professor of Materia Medica and Therapeutics in Medical College of Ohio. Vol. 1, p. 405—Published at Cincinnati, 1845.

"What," said one, on hearing the announcement of this work, "another treatise on Materia Medica? Was there need of such a publication, so soon after the appearance of the copious system of *Pereira?* And then, too, we had *Bell* and *Nunnelly*, only a few days since, on the same subject; surely there was no call for this volume." But we demur to such objections. We live in a free country, and every author has a right to publish what he pleases, and every man may, if he please, be an author. Besides, if the public choose to patronize new works, who has reason to find fault? Ours is a book-making age, and a book-selling age too, and it would really seem to be somewhat, a book-reading age. We have never yet seen a treatise on any department of medicine, from which something valuable might not be gleaned, and therefore we go for free trade in this matter. And surely, it is ungracious to find fault with others for making books, that do us no harm, and from which we have no disposition to derive advantage, however excellent they may be.

We say then to all sensible and enterprising authors and compilers, go ahead, and keep the press in motion just so long as the public will buy and read; only do not taint the moral atmosphere. Say what you please about politics, law, the physical and medical sciences, in all the possible ramifications of each, and if the people choose to patronize you, we shall not complain.

But to the work before us. It is not exactly after the old models, and therefore has somewhat of novelty to commend it. We do not endorse novelty, as such, and wish not to be regarded as lauding Prof. Harrison, simply for the reason, that in some sense, he has struck out on a new path. We name the circumstance, for the information of those, who have not seen the work.

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The novelties of the book, are mainly these: an attempt to abridge the materia medica, by striking out a very large number of articles that help to fill the ordinary treatises; and an effort to show, that all the remedial agents called for in practice, may be comprised in a classification much more comprehensive than any to be found in recent works. There are, to be sure, other suggestions and statements that have something novel in their character; but the two features above named, strike us as *the* points for especial notice by the general reader.

The volume before us treats, 1st. Of that interminable, and alas! almost unprofitable topic, *the modus operandi of Medicines*. 2d. Of the effects of remedies. 3d. Of classification. 4th. Of the circumstances modifying therapeutical indications. 5th. Of the theory and art of prescribing. 6th. Synopsis of incompatibles. 7th. Poisons and their antidotes. 8th. Patent medicines and nostrums. 9th. Indications of cure. 10th. Alterants. 11th. Mercury and its compounds—Iodine, Arsenic, Nitric Acid, Guaiacum, and Sarsaparilla. 12th. Evacuants.

We need not advise those who are familiar with the views of the author, that in the volume before us, he rides at least, *one* hobby. And who is without something like a hobby, in medicine? We may have ours, though unconscious of any, at this moment. Whatever it may be, that of Prof. H. is evidently *solidism*, as opposed to the doctrines of the humoralists. And we are free to say, in general terms, that he does his favorite quite as much justice, as its merits demand. Indeed there is very much in the book, that commends it to our regards. Most of the advice and cautionary precepts found in it, are kindred with those we have long been in the habit of incorporating with our public teachings; and it is no sin, to like them so much the better, for this. At least, we think so.

The author would not permit his judgment to be warped, so far, as to deny the entrance of medicinal and other agents into the blood. Yet he seems to think this concession not at all unfriendly to the doctrine of medicinal efficacy thence resulting. "Medicines (although they do enter the blood) do not go there as foreign agents, but are assimilated," &c. &c. But let us see if the author has not evinced palpable inconsistency in this matter. On page 30, he says, "there is not a single indication of cure, when a true diagnosis of disease is made, which favors, in the smallest degree, the idea, that medicines by entering the circulation, accomplish their useful purposes." This position is laid with sufficient clearness to guard it from misconception, and we suppose it to be the precise idea intended to be conveyed. But, if we put it side by side with a sentence on page 160, there will appear to be at

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least a squinting of inconsistency, if not a contradiction. Thus, "the increased temperature of the surface, with an expanded pulse, and a better hœmatosis, are proofs of their power (alterant medicines) on the blood, and the moving forces of the circulation." What would be the natural deductions from these statements, on the part of a plain common sense observer, not bound down by any favorite theory? We think he would be very apt to call to mind a case of chlorosis, in which there is a true anœmic condition, so obvious that the diagnosis need not be mistaken. We have here then a "true diagnosis." What is the indication, or rather, in the words of the author is there "a single indication of cure" in the case? We presume that the voice of the profession would point, instantly, to some of the preparations of iron. The patient is treated accordingly. The bloodless appearance vanishes, and the hue of health is again perceptible. There is a rectification of animal heat, as well as an improvement of pulse; and this would seem to be just such a case as the author might have had in his eye when he wrote the sentence on page 160; "the increased temperature of the surface, with an expanded pulse, and a better hœmatosis, are proofs of their power on the blood, and the moving forces of the circulation."

It may be that Professor H. has a mode of explanation, suited, in his view, to solve the difficulty above cited. Yet we can but believe, that practical, good-sense physicians, who have no system to defend, will see the matter as it has appeared to us. Nor is this all. The analytic experiments of several distinguished men prove conclusively, that preparations of iron given in anœmic disease, do most obviously change the composition of the blood. We quote as follows, by way of example and illustration. A chlorotic girl, aged 20, was placed by M. Herberger,* on the use of ferruginous preparations, which were continued two months. The analysis of blood drawn from the patient before the iron was used, and subsequently, indicated among other things, as follows:

	Chlorotic blood.	*Blood after cure.*
Albumen	78.290	81.509
Globuline	36.470	94.290
Hœmatosin	1.590	4.029

But the analysis were not confined to the blood alone. The urine of the same patient was examined, before and after cure, with the following results:

	Before cure.	*After cure.*
Water	975.43	938.70
Solid matters	24.57	61.30

* Edinburg Medical and Surgical Journal, 1844.

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During the treatment of the patient, the urine constantly showed the presence of iron, and the same was also found in the sweat.

We have only to remark, in addition, that it is wholly irreconcilable with our ideas, to believe that all these very manifest changes in the composition of the blood and the urine, had no relation to the curative action of the main remedy. We have seen that the disease was well marked, that iron was clearly indicated, and the results have been truly announced. It would be out of place, perhaps, to dwell on this subject, our proofs being too numerous for quotation here.

The idea of abridging the materia medica, by casting off useless articles, was long ago entertained. But we have no recollection of a treatise, prior to the one before us, devoted prominently to this end. We have often advocated the expediency of this measure, and yet, on sober reflection, we really think there are some difficulties in the way. If our books never fell into the hands of men whose information was exceedingly scanty, and whose own resources were limited, it might do to employ the pruning knife, as our author has proposed to do. A book on this plan would answer very well for practitioners who have had large experience, and have learned the value of a thousand minor agencies, that need not be recorded for their advantage, but which might sometimes be very important to the tyro in the profession. The latter may commence his operation, far from a dense population, where the more valuable and costly articles of the shop cannot easily be procured. To him therefore, an acquaintance with *home* articles is of the last importance, and hence the value of a system of materia medica, that shall take a wide range, and notice the comparatively feeble, as well as the more potent agents.

We confess that we have been half inclined, in our public teachings, to be silent in reference to a good many remedial agents; but we have been impelled to notice them by just such considerations as those above referred to; and a more enlarged experience has satisfied us that we have acted correctly. Moreover; it should be borne in mind, that we do not agree in reference to what are, or are not, inert or comparatively useless articles. Professor H. proposes to expunge about two-thirds of the articles named in the standard books, and yet he retains, at least, one agent, whose merit (if it have *any*) is so exceedingly homœopathian in our judgment, that we never employ it. There may be others, about whose value there is quite as great professional disagreement, and this is an argument against the proposed excision. In practice, *we* employ a very limited number of articles, and therefore must be understood as pleading for others, rather than for ourselves.

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But we pass to notice another feature in the book before us, that has an air of novelty, calculated to excite attention and interest. We allude to the *classification* of articles, based on the curative indications, which are stated to be *six*. We can have no sort of objection to a reduction of the number of classes, for most assuredly, we should prefer six to twelve. We object to the classification of remedial agents, however, in toto, *as utterly impracticable and profitless*. We have never seen an attempt at classification, that was not in itself, an argument against the thing proposed. We beg to refer our readers to all the modern attempts, and they will find abundant confirmation of our remark, either in the concessions of the authors, or the obvious defects of their systems. That classification may be valuable in the study of dead matter, whose character is unvarying, and of plants and inferior animals that are comparatively free of change, we concede. But to put down *definitively*, the modus operandi of agents, as classification attempts to do, in regard to a body governed wholly by *vital laws*, about whose nature we know nothing, and whose manifestations in the economy are perpetually modified by a thousand circumstances, whose philosophy we vainly attempt to fathom and explain, is, in my opinion, utterly at war with, and totally subversive of the far-famed Baconian method, which seems to have for its basis, the grand idea of proceeding from the *known to the unknown*, in all rational research.

Acting out this view of the subject, we teach Materia Medica and Therapeutics, by the alphabetical arrangement, and are consequently untrammelled by theory. We tell what the best writers say of the modus operandi, in general terms, and give our own opinion in the premises, governed by the facts. And if it should hereafter seem good to us to *classify*, we promise the author of the book before us that our system shall not extend to *No.* 6. From a pretty careful survey of the views of Prof. H., we have come to the conclusion to have but *one* class in our system. To secure that, we propose to strike out the last five classes, named on page 38, and to retain but *one* grand class of *Alteratives*, or *Alterants*. We cannot conceive of a single agent, that can be brought to bear successfully upon the animal economy in a state of disease that is not, in some sense, an *alterant*. And however distinct the six classes on page 38 may seem to be, at the first glance, it is not needful to go further than page 155, to see that between *revulsives* or *derivatives* (class 6th) and *alterants*, even as the author defines the latter, there is a resemblance sufficiently obvious to justify the notion of identity. "*The therapeutical action of alterants* is evinced, 1st, By *suspension of morbid phenomena*: 2d. By the *superinduction of a new action*:

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and 3d. By *substitution of action.*" The original statement is not thus italicised, but we have made it to appear so, to call attention to the extraordinary likeness between either of its parts, and the universally received explanation of the action of *revulsives*. Comment here is unnecessary, further than to remark, that the text in its relations is self-condemnatory of any kind of classification of remedial appliances. And while we speak thus plainly, we are of opinion, that in some respects, the attempt of Prof. H. is much more praise-worthy than those of some of his predecessors.

In conclusion, we beg leave to express our belief that this new work, so highly creditable to the Cincinnati press, as well as to the industry and zeal of its worthy and intelligent author, will be read with interest and profit; and we cordially commend it to the profession.

T. D. M.

ART. 8.—*A Synopsis of the Symptoms, Diagnosis and Treatment of the more common and important Diseases of the Skin. With sixty colored Figures.* By N. WORCESTER, M. D., Professor of Physical Diagnosis and General Pathology in the Medical School of Cleveland, late Professor in the Medical College of Ohio.—Philadelphia, Thomas Cowperthwaite & Co.; Cincinnati, Desilver & Burr, 1845, pp. 292.

The object of this Synopsis, as expressed in the preface, is to supply an obvious deficiency in our profession on the subject of Skin Diseases. That deficiency consists not in a want of treatises upon the subject of Skin affections, for these are sufficiently numerous; but the defects relate especially to the want of a concise treatise, illustrated by accurately colored figures, delineating the most common and important forms of these diseases. It must be confessed that authors have taxed their ingenuity to the utmost extreme, apparently for the purpose of manufacturing as complex and intricate an arrangement as was possible; and while learning and patient investigation was sufficiently obvious in many of these systems, their practical utility is certainly less evident. It is well known that no class of affections is of more difficult diagnosis than diseases of the skin; and notwithstanding the advantage of ocular inspection is possessed by the Physician, he often experiences the greatest difficulties in arriving at satisfactory conclusions. These difficulties depend, measurably, upon the defective arrangements usually adopted by systematic writers; arrangements, which, by their impracticable minuteness of division, defy the practical tact of those whose experience is not of the most extensive character. And in addition to these diffi-

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culties, we may add, that the want of colored figures, and the impossibility of conveying by mere verbal descriptions, an intelligible idea of the color and general appearance of the disease, we are furnished with a sufficient explanation of the confusion too commonly attending the diagnosis of these affections.

The following extract from the preface will exhibit the author's design: "Utility and not originality has been his design; he has drawn information from every source within his reach, and it is hoped that the author has proved in this compendium that he has studied with some care, the works of Willan, Bateman, Alibert, Cazenave & Schedel, Plumbe, Thompson, Rayer, Wilson, Gilbert, Erichsen, Ricord, Baumes, &c. The figures have been selected from Willan and Bateman, Thompson, Rayer, Alibert, Wilson, Erichsen, Cazenave and Ricord; and it is believed they will be found well executed."

The author adopts the classification of Willan; which is based upon certain external signs and resemblances, by which the diseases are arranged in eight orders. The author of the treatise before us, has made an effort to facilitate diagnosis by dividing the eight orders of Willan into two groups, the *dry* and the *moist*. GROUP FIRST, or the *moist*, includes three orders, viz: *Vesiculæ*, *Bullæ*, and *Pustulæ*: GROUP SECOND, or the *dry*, includes the remaining five orders, viz: *Exanthemata*, *Papulæ*, *Squamæ*, *Tuberculæ*, and *Malculæ*.

There can be no doubt that the classification of Willan, will, to some extent, facilitate diagnosis; but it is open to the very serious objection of bearing no relation to pathology of disease, being based exclusively upon signs or external resemblances. The arrangement of Wilson is certainly more scientific, than any other that has been promulgated, inasmuch as it is based upon the *anatomy* and *physiology* of the structures involved in the diseased actions. The value of the system before us consists in its concise and plain description of the various topics discussed, but more especially is valuable on account of its colored plates. The various forms of diseases discussed in the text, are illustrated by eight plates, consisting of sixty finely colored figures, very accurate and beautiful in their appearance. These plates will greatly aid the practitioner in diagnosticating the common diseases of the skin; it may therefore be regarded as a valuable manual.

The mechanical execution of the work is highly creditable to the Cincinnati press, comparing well, indeed, with Eastern publications. For sale by Messrs. Desilver & Burr, Cincinnati; and Mr. C. Marshall, Lexington.

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THE WESTERN LANCET.

CINCINNATI, JANUARY, 1845.

INTRODUCTORY LECTURES.

On the formation of Professional character.—An Introductory Lecture delivered November 4, 1844, by JOHN P. HARRISON, M. D., Professor of Materia Medica and Therapeutics in the Medical College of Ohio.

This address abounds in judicious and ennobling sentiments, expressed in forcible and correct language. If the formation of professional character could be regulated by the principles indicated in this address, we can readily fancy a better state of things than now prevails. The high standard of medical character delineated by Prof. Harrison, is fully reflected in his own, and may serve as a model for others. A high and ennobling profession should never be marred by an unseemly deformity in the characters of its members; and we incline to the belief, that so long as obvious defects are not corrected, we will never attain that elevation of character, individually and collectively, which should ever distinguish the true physician.

GENERAL PRINCIPLES.—An Introductory Address by H. H. CHILDS, M. D., Professor of Obstetrics and the Diseases of women and children in Willoughby University.

This address contains *matter;* it is not made up of empty sounding words. The author seems to have had some definite object in view; and for this very considerate course, he deserves the thanks of those whose business it is to read *Introductories.*

We cannot regard *all* of the authors general principles as orthodox. Thus—"all abnormal action or disease must be characterized by debility"—"all diseases are diseases of debility, which is either direct or indirect."—"Remedial agents must all possess the character of mediate or immediate stimulants."

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These principles are too restricted and partial to subserve the ends of true philosophy. They rather obscure the great truths of our profession by failing to unfold its beauties, rather than to render it plain by simplifying its principles.

The following views express what we conceive to be the true spirit of *inductive* reasoning. "In the one class, the physician adopts an *exclusive system*, and practices by *rule*. "He is confined to a specific direction, which in the nature of things, must be limited in its application. All must be stretched or shortened to the same Procrustean bed—all must take the same remedy—investigation is proscribed, and discrimination is heresy. If timid, his practice must be inefficient; if bold, he strikes with Herculean club, but uncertain aim, a hazzardous and probably fatal blow. He must grope in darkness. The other arranges the *facts* of medicine, and adducing therefrom by a legitimate induction, *General Principles*, makes these the sole guides in his practice."

The following is a home thrust at exclusive views in dietetics. "What but an ignorance of the plainest principles of *dietetics*, has impelled a medical exclusive to banish from his regimen *all animal food* in every case—make *humanity one vast community of Nebuchadnezzars*, and bring forward bran bread a catholicon for all the ills to which flesh is heir."

The author argues strongly and cogently for the necessity of general principles, deduced from well ascertained facts. We cannot doubt that one of the great evils under which our profession labors, is, the want of accurate general principles.

HARRISON'S MATERIA MEDICA AND THERAPEUTICS.—This work was announced some time since as in course of preparation, and the first volume having been issued, we insert in our present number a bibliographical notice of its most prominent features. The second volume will be published during the coming year, and a complete system will then be presented to the profession.

Those who are familiar with the abilities, honesty, and patient investigation of the author of this treatise, will be slow to believe that the work is not one of unusual merit; and we think that a candid and impartial study of the work will fully sustain the high reputation already attained by its indefatigable author. The work addresses itself more especially to the philosophical and thinking part of the profession, and is not made up of those frivolous details, too common in systematic works on Materia Medica, and which serve rather to perplex and con-

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tract, than to simplify and enlarge the views of the student. With the view of enlarging the comprehension, of the pupil, and of fixing his attention upon the great principles of this department of medical learning, the author has, very judiciously, as we conceive, abridged the number of the medicinal agents, the nature and effects of which should be relied on by the practitioner. Of five hundred medicinal agents, which encumber works on Materia Medica, at least nine-tenths are either useless, or possess properties so nearly analogous to the remaining one-tenth, that their retention in elementary books designed for the use of students, becomes a source of embarrassment and positive detriment to the noviciate. The class of emetics numbering near *twenty* articles, contains but *five* of any essential value; and of *fifty* purgatives, less than *one-fourth* that number will be used by the practitioner. For the use of the more experienced practitioner, however, these numerous articles may be retained in dispensatories and pharmacopœias, for his enlarged knowledge will prevent an injudicious selection; but to present this vast number of medicinal articles to the *student*, whose acquirements are insufficient to guide him in a proper selection, totally defeats the object in view. We cannot but approve, therefore, of Prof. Harrison's arrangement.

The author's views on the modus operandi of medicines, a favorite subject with him, are perhaps too exclusive. We have but little respect for the humoral pathology; its ancient and time-worn visage does not inspire us with the veneration commonly appertaining to ancient relics or long cherished sectarian dogmas; nor is its modern paternity sufficient authority to establish its claims to our confidence, or to direct attention from its dogmatic origin in the remote periods of medical delusion. We are not disposed to doubt, however, that foreign bodies, medicinal and poisonous, may and do act upon the solids through the medium of the blood; and hence we say, the author is too exclusive in his philosophy, when it is positively denied that medicinal agents, as such, ever enter the circulation. The fact cannot be concealed, however, that many instances in which medicines are presumed to act through the blood, are, in truth, erroneous conculsions, and that they are much less frequent than is usually believed. And another fact should not be overlooked in this connection; and that is, the very obvious tendency, *at the present time*, to revive the old doctrines of the humoralists, and to apply their exploded tenets in the practice of medicine; and hence, it becomes peculiarly important, that this specious doctrine should be disrobed, and exposed in its native characters.

The most remarkable feature in the defects of medical science, is its

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tendencies to vibrate to the utmost extremes; and it becomes the highest prerogative of the true philosopher to interpose his authority, to prevent the success of ultra doctrines. Our profession like the untrained populace, is too easily deluded by bold and positive assertions, combined with the sophistry of speculative minds; and hence it is, that great leading *doctrines*, instead of facts, and the pure science-sustaining inductive reasoning, from which *principles* are derived, become our guides, false and allusive but supreme in their control. Laboring under these infirmities, as our science unquestionably does, we should receive with favor all efforts tending to restrain ultraists, and to equalize the great principles of Medical Science.

That Prof. Harrison's work will exert a salutary influence, by its high-toned philosophy, we cannot doubt; and when completed will afford a very valuable system for the student and practitioner.

Willoughby University. — We learn by a publication recently issued, that one hundred and twenty Students are in attendance upon the medical lectures of this institution. The number, we believe, is twice as large as at any former period. The collegiate year is divided into three terms; the first, (1844–5) commences on the 6th of November, and continues sixteen weeks, the fee to which is $55. The second term will commence on the 26th of March, and continue thirteen weeks; one lecture and one recitation daily; fee $13. The third term commences on the 23d of July, and continues thirteen weeks; fee $13.

Cleveland Medical College.—*One hundred and nine* pupils are attending lectures in this school during the session of 1844–5. This is a very respectable class for a new school. Seven Professors compose the Faculty; and the fee to the entire course is $50. A course of instruction consisting of lectures and recitations, on all the branches of medicine, will be given during the summer.

We cannot avoid remarking, in this connection, that, according to what we conceive to be due to the profession, our friends at Willoughby and Cleveland have reduced the fees for tuition too low. We cannot think that it comports with their interests to adopt this course, and it is certainly injurious to the interests of the profession generally.

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Mode of dressing in Amputations.—Notwithstanding the skill of the French Surgeons as operators, they still adhere to the system of complicated dressings in amputations, and the almost inevitable result of extensive suppuration. Union by the first intention will not usually be secured by these complicated and injurious dressings. The English Surgeons are more simple and rational in dressing stumps, but a still greater degree of simplicity may be advantageously adopted. In a case of amputation of the leg, recently performed by Prof. Dudley, in presence of the medical class, the utmost simplicity was observed in dressing the stump. Instead of the charpie, and ointments, and complicated bandages of the French, or the extensive and sometimes injurious adhesive plasters used by others, nothing was applied but a simple roller, by the accurate mechanical adjustment of which the edges of the wound were brought perfectly in apposition, and union by the first intention was secured. It is obvious that every source of irritation should be sedulously avoided, and we presume that no dressing will so well secure this object, as the simple roller used by Prof. Dudley.

Cure of Phthisis Pulmonalis.—We have repeatedly called attention to *nostrums* and *specifics* for the cure of tubercular consumption; this was done rather to furnish instances of the curious and extravagant notions of the profession, or the credulity of the people; and the following mode of cure is inserted with the same view.

"The Surgical operations of Dr. Von Herff, (of Darmstadt) at present attract great interest here. These operations have, in several instances, effected a decided cure in cases of tubercular pulmonary consumption—*phthisis tuberculosa*. The seat of ulceration having been ascertained by means of the stethoscope, the matter is discharged outwardly by an incision made in the cavity of the breast, penetrating the lungs. The cure is finally effected by medicine injected into the wound by a syringe. We have hitherto refrained from making known these operations, as we wished to await the results; but we are now enabled to affirm with confidence, that in several instances the operations have obtained the most complete success, and in no case have been attended by any danger to life. We hope that Dr. Von Herff, after an extended series of experiments, will make the observations deduced from them the subject of a philosophical inquiry."

The presumption of curing a constitutional disease by local remedies, will strike the *rational* physician as a supremely absurd proposition.

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HOPE'S PATHOLOGICAL ANATOMY.—This work having been completed and bound, can be furnished to those who may wish to obtain it by applying to Messrs. Desilver & Burr, Cincinnati, and to C. Marshall, and C. S. Bodley & Co, Lexington. In consequence of the Editor's removal from Cincinnati, the work cannot be completed in *Parts*, as was originally contemplated, until the coming summer; therefore, those who have subscribed with the view of obtaining it in that form, cannot be supplied before the time above specified; but should they prefer buying the book bound, it can be obtained from Messrs. Desilver & Burr, Cincinnati. Those who have received Part I. have the privilege of returning it, if they wish to obtain the bound volume.

CLINICAL CLASS AT BLOCKLEY HOSPITAL.—The *Medical News* remarks—"We are informed that the class attending clinical lectures at the Blockley Hospital numbers 290."

Two hundred and ninety pupils attending a single Hospital! What possible *practical* utility can clinical instructions be to such an immense concourse of students, crowding the wards of a Hospital. Very little, we presume.

MONUMENT TO DR. FORRY.—We are gratified to learn that a proposition has been made to erect a monument to the memory of Dr. Samuel Forry, late Editor of the New York Journal of Medicine and Surgery.

TO THE EDITOR OF THE LANCET.

SIR—It is an essential feature in all civilized governments that no person shall be condemned without permission to present evidence in his own defence. But as we have been denied this *right*, I think you will not refuse to inform your readers that not only the other three physicians who were engaged in the case, but also the nurse, and wife of the patient, concur in condemning the report of Dr. Stewart, which appeared in the June No. of your journal, as incorrect in *many important particulars*.

I remain, Sir, your obedient servant,

Sidney, Jan. 9, 1845. P. BEEMAN.

The author of the above note seems to labor under a misapprehension in relation to injustice having been done him in any publication in the

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Lancet. In Dr. Stewart's publication, in the June No. of the Lancet, he only alludes to Drs. Beeman and Mann as consulting physicians, and that they subsequently attempted to injure him by representing, *in the public newspapers*, that he had been guilty of mal-practice. Dr. Stewart made no charges against Drs. Beeman and Mann; and in our note appended to the case, we simply expressed an opinion as to the general correctness of the course pursued by Dr. Stewart in the treatment of the case. In all this there is nothing condemning Dr. Beeman; and his intimation that "an essential feature of all civilized governments" has been violated, reflects but little credit on his discernment or civility.

OBITUARY RECORD.

The following notice was marked for insertion in a preceding number.

DEATH OF DR. SAMUEL FORRY.—Although the death of this gentleman was noticed in our necrological record last week, we are prompted, by feelings of respect for his memory, to recur again to the melancholy event. Those who were conversant with Dr. Forry's condition in his last sickness unhesitatingly say that he was a martyr to severe study. The brain was over-worked by laborious investigations, and he fell, in the beginning of his usefulness. His organization appeared to be feeble, and liable to be easily deranged by prolonged mental activity. It is probable that the exposed life he led in the Florida war, while holding a medical commission in the Army, contributed to weaken the physical energies of a naturally frail body, and lessened the resisting powers of the system to the attacks if acute disease. In person, Dr. Forry was of middling stature; his figure was slight, with an expression in his countenance that was indicative of the man of thought. In the circle of medical sciences vital statistics seemed to be the province which afforded him the most satisfaction. Perhaps no one was ever more thoroughly devoted to investigations on the effects of climate than, himself. The work produced by him on this subject during the last season, is the one which will most favorably transmit his name to posterity. In it the peculiar bias of his active mind was exhibited. For analyzing great principles, and explainining laws and phenomena connected with this department of science, he had no superior in this country. As a journalist, and a chronicler of the claims and fame of others, he had scarcely time, since the commencement of an editorial career, to exhibit all the

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talent we considered him capable of exercising. There was a fairness and spirit of candor in his leading editorial comments, that never provoked others to war against the editor, however much some might have objected to the freedom of correspondents.

A meeting of some of the physicians of New York was recently held, at which resolutions were passed in relation to the early death of Dr. Forry, exceedingly creditable to them. May the monument they propose to raise over his grave, speedily mark the spot; and may those who knew him, emulate his virtues, that they may, like him, live respected and die lamented.—[Boston Med. and Surg. Journal.

Died, suddenly, at Edinburgh, Nov. 14, John Abercrombie, M. D., the well known author of works on Diseases of the Abdominal Viscera, Diseases of the Brain and Spinal Cord, &c. His death is said to have been caused by laceration of a branch of the coronary artery.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, FEBRUARY, 1845. No. 10.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. I.—*Observations on Milk-sickness.* By JAMES F. HIBBERD, M. D., of Salem, O. [Read before the Eaton Medical Society, and ordered to be published in the Western Lancet.]

A disease, known by the different names of Milk-sickness, Sick-stomach, Trembles, Swamp-sickness, the Tires, the Slows, Stiff Joints, Puking Fever, and River-sickness, in the different places where it has prevailed, has claimed the attention of a part of the medical fraternity for the last sixty-five or seventy years; and very generally supposed to be a specific malady, having for its cause a specific poison. But so contradictory have been the accounts given by different writers of its symptoms, course, character, cause, and treatment, that medical men who have not enjoyed the privilege of seeing it, have doubted the existence of any such disease as a separate and distinct one, except in the fancy department of the brain of its describers.

Most of the opinions derived from *reading* its symptoms, are, that it is a complication of a disorder already reduced to nosological arrangement. And such, I verily believe, will soon be the clinical conclusion of every candid and intelligent observer, who is not swayed by popular opinion or biased by improper prepossessions.

The various names by which it has been known, seem to have been suggested by its supposed cause, some diagnostic character, or the locality where it is found.

With these prefatory remarks, I shall proceed to treat of the matter as I understand it.

Milk-sickness, which generally prevails from May to November, both

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inclusive, is met with in certain kinds of the marshy parts of most of the Western and Southern States.

It has a forming stage, similar to that belonging to idiopathic fever, viz: a feeling of lassitude and weariness, listlessness, yawning, loss of appetite, slight transient pains in various parts of the system, and a general sensation of uneasiness and discontent.

After a period of variable duration, these symptoms are succeeded by a burning pain in the stomach and vomiting, intense thirst, constipated bowels, cold extremities, pain in the head, back and limbs, soreness across the epigastric and hypochondriac regions, scanty, high-colored urine, moist whitish fevered tongue, pulse variable, being in some cases natural, in others full and soft, or small and frequent. There is said to be a peculiar odor, resembling that produced by ptyalism, attending this stage of the disease; and, indeed, according to Dr. Graff and others, every stage of it being, according to them, the first premonitory symptom. The abdomen seems to be contracted, and, indeed, the whole appearance of constriction and anxious suffering. The skin may be either dry or bedewed with perspiration: frequently the two states are found alternating; the extreme nausea and vomiting produce diaphoresis, and the temporary relief that follows the emesis, permits the cutaneous surface to become dry.

In fatal cases, the emesis continues at longer or shorter intervals, preceded by great restlessness, the patient throwing himself from side to side moaning with agony. The matter ejected from the stomach, which at first consisted of the food, and fluids that had been taken, followed, perhaps, by a little bile, is now only a glairy mucous mixed with the drink, which had been vainly taken to quench the tormenting thirst, which is constantly present. According to Prof. Drake, and others, a mixture like coffee grounds, similar to that discharged from the stomach in yellow fever, also takes place here. Delirium is added to the lethargy which before prevailed. The delirium is seldom of a raving or boisterous character, but low muttering like that in typhus fever. The bowels may or may not have remained unmoved, but whether or not, the delirium soon passes into coma, the breathing becomes more heavy, the features more sunken and cadaverous, the skin more cold and clammy, the pulse weak and quick and death gradually wears on and closes the scene in a period varying from three days to three weeks.

This course is subject to an endless variety of modifications, produced either by nature or medicine. The irritating stage may last for a few days, and a spontaneous recovery take place; or the unpleasant symptoms may disappear upon the administration of a simple cathartic, as

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castor oil, or a more active one, as calomel and jalap. And even after the accession of more unpleasant symptoms, the same happy result may follow brisk purging. But the more general course of the attack, so far as my experience goes, is, for the vomiting to continue at longer or shorter intervals during the whole course of the disease, accompanied with a remittent fever, or it may be an intermittent of a quotidian or tertian type, the pain generally increasing with the rise of the fever. The puking and pain first partially subside, then the fever abates, and with it the remaining pain, and the emesis seems to *wear out*, rather than be cured, though sometimes it is the first to yield. Much pain is located in the head in some cases, and, indeed, all the pains that are usually present in our autumnal fevers. I have seen every variety, degree, and shade of disease, from simple gastric pain and puking, up to our severest remittent fever. And again, some cases having the characteristics of remittent fever, will suddenly assume those of milk-sickness, and *vice versa*. It often happens that such is the irritation and suffering in the stomach, and so continuous the retching and vomiting, that the whole force of the attack seems to be spending itself in this way to the exclusion of other symptoms; but, upon abating those, the febrile exacerbations are clearly manifest.

I can readily conceive that various complications might happen, and modify the symptoms accordingly; but anything of this kind, of a serious character, has not occurred in my practice.

Diagnosis.—From all that has been said, it would appear that the diagnosis is somewhat uncertain; and so I consider it, having treated successfully some five or six cases, before I knew I had ever seen an instance of the disease. But other physicians seem to have less difficulty on this point. An anonymous writer in the "Western Medical Gazette" says, that the peculiar fetor of the person affected, "and the torpidity of the intestines, with the regular and increasing vomiting, are among its principal diagnostic symptoms." Dr. Graff, of Illinois, declares that this fetor may be "safely stated to be pathognomonic of the forming and early stage of milk-sickness." And a little further on,—"in no disease is there a greater difference or diversity of symptoms, than are usually found in different cases, to constitute what may be properly termed the secondary stage of milk-sickness." Dr. McIlhenny observes, "there is a death-like coldness of the hands and arms—scarcely ever much febrile excitement—a peculiar fetor of the breath—not merely of the breath alone, but of the secretions, and particularly that of the perspiration. Here is a distinguishing mark, sufficient of itself to identify the disease and *class* it at once. In some cases," continues Dr. McIlhenny, "there

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will be at times rather a profuse sweat, which will be of a cold, clammy nature: it is thus that we have that peculiar odor which is truly pathognomonic of the disease. These symptoms, added to obstinate constipation of the bowels, are sufficient to determine the disease at once, and lay aside all idea of confounding it with *fever*, or any *other* of the *phlegmasia*."

Now from all this, we learn that there are three pathognomonic symptoms, viz: the peculiar odor, the emesis, and the constipation. The last two, however, belong in common to inflammation of the stomach, and cannot therefore be regarded as pathognomonic of milk-sickness; which leaves us the single one of the peculiar odor; and I must confess, that, so far as my experience goes, this odor is not present until the disease is fully formed—and then differs none at all, to my senses, from that found in remitting fever, with the alimentary canal in that condition evidenced by a heavy, yellowish, moist, coated tongue.

My own opinion is, that it has no single diagnostic symptom, but the whole must be taken together to make up the disease; and then you have nothing but a peculiarly complicated remittent fever. And in this opinion I believe I am following the lead of Prof. Dunglison, who seems to have come to the conclusion, after all the information before him had been examined.

This odor, I am aware, is one of the most popular symptoms attending milk-sickness; for there is not an old woman of either sex, within reach of a milk-sick neighborhood, having that exalted knowledge of medicine so essential to their self-conceited greatness and usefulness, but can "smell it the minute they enter the door," and some of them, no doubt, long before they reach the house. I may not be blessed with olfactories so acute and discriminating as they, nor yet with so much attentive observation as characterize other physicians; but, from whatever cause it flows, certain it is, that my experience on this point amounts to just what has been stated above; but I claim no right to contradict the experience of others.

Prognosis.—This is much more favorable in this section of country, than in many others: the fatal cases not being more, I think, than two per cent. of the whole number attacked, and probably about five per cent. of those claiming medical assistance. And it would be even less than this, were it not for the shattered constitutions produced by dissipation: this being the character of all the unfavorably terminating cases I have seen. But I suppose a debilitated frame, from other sources, would equally become a victim; the cause of a fatal issue being, apparently,

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an inability to withstand the excessive irritation and puking that belong to the disease.

The mortality has been very great in some places, according to the accounts given of it by writers. Dr. Sharpe, of Tennessee, writing in 1822, declares, that under a certain improved practice, he loses about two-thirds of his patients: whereas, before he adopted it, he lost nearly all. Dr. Graff states, that "the dreadful ravages it committed, in the diminution of the numbers of the early settlers, often served as a cause to disband a community, and compel the inhabitants to seek a location which enjoyed an immunity from its occurrence." These gentlemen, probably, consider only those cases to be milk-sickness which I think constitute aggravated specimens of the disease, inasmuch as they have, so far as appears, no difficulty in the diagnosis.

To the liberal use of cathartics in the very onset of the disease, before it is fully formed, is attributable, I apprehend, the low ratio of mortality in the Ludlow neighborhood. This highly beneficial and life-saving practice the people, in a good measure, attend to themselves; so that it is not unfrequent, that, upon being summoned to attend a patient, I find he has had the good sense to keep his bowels in as soluble a condition as the circumstances would permit; and in that way saving, to a considerable extent, the trouble and danger of one of its most unpleasant symptoms—constipation.

The favorable or unfavorable termination of the attack, must be judged of by the severity of the symptoms, the constitutional ability of the patient, and the action of remedial agents.

Pathology.—This is not known; and there is likely to be but very little elucidation of this important matter, while so much prejudice exists in the country to *post obit* autopsy.

There are two writers, however, who believe its essential character to be inflammation of the stomach. One (McIlhenny) draws his conclusions from analogy; the other (Preston) from an examination of a human body. But as the latter gentleman does not give the symptoms of the disease of which the person examined died, we cannot receive his testimony.

Dr. Graff thinks the principal lesion is to be found in the brain, after having partially examined, in an autoschidiastical manner, the corpse of a body who died four days after a six months' abortion, of milk-sickness, as he affirms. And this view, according to his experience, is confirmed by analogy, having found the head more extensively disordered than any other organ, in his examinations of the inferior animals.

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Another writer supposes it to be a spasmodic contraction of the stomach and bowels, and not inflammation anywhere.

That the brain and viscera of the thoracic and abdominal cavities, are in a state of hyperemia, or congestion, seems to be established as well by examinations after death, as by the anemia and low temperature of the surface *anti mortem*.

This one condition obtained, I believe, in all the subjects that were examined, whether of the human or brute family, viz: *a diminution of the calibre of the stomach and intestines.*

Cause.—The testimony of writers, so far as I have seen, has uniformly given the product of cattle affected with the *trembles*, as the only cause of the milk-sickness in the human subject. And either the milk, butter, cheese or flesh of such animals will, if taken into the stomach, engender the disease. And Prof. Drake states, upon the authority of the persons who suffered, that it has been contracted by simply skinning a cow, dead with the trembles. Although he appears to give credence to the statement, yet I think the point so doubtfully substantiated, that it leaves me at liberty to be incredulous.

The cause of the trembles in cattle is assigned to different agencies, by different writers; but my speculations on this head, as well as my doubts about milk-sickness having the source mentioned above, as the only one from which it springs, will be more fully discussed in another place.

Treatment.—There is as much diversity of opinion, and consequently in practice, in reference to the therapeutics in milk-sickness, as upon any other point involved in its consideration. Some think venesection absolutely necessary to its successful treatment, while others deem it almost certain death. Calomel, in large and oft repeated doses, is the sole reliance of some practitioners, while others charge it with most of the mortality attributed by its friends to the disease. Emetics, opium, the more active cathartics, tartar emetic, brandy, and a number of other articles of the Materia Medica, share the same fate—their friends exalting them into specifics, their enemies declaring them worse than harmless. There is one thing, however, upon which all unite in the curative plan: and that is, the importance of enemata. But even here, while one depends upon their administration exclusively, another considers them only as valuable adjuvants to other more important means.

In view of this contrariety of opinion about remedial agents and their action, I shall pay but little attention to the experience or predilections of others; but state simply my own manner of combatting the distressing malady, as I learnt it at the bed side, without any thought of its re-

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quiring a specific treatment. And I have no reason to complain of my success; but it is due to candor to state that the disease, where it has come under my observation, has not had that degree of malignancy which it assumes in other localities, judging from the description given of it by other writers.

There are very plainly three indications to fulfil. 1st. To check the vomiting; 2d. Open the bowels; 3d. Break up the febrile action. The first is very difficult to effect, and, indeed, cannot be accomplished entirely until the second, and even sometimes the third, indications are met. But it can be partially overcome, and scarcely any thing else can be done until it is; for the stomach will not retain even the blandest fluids but a few moments, and though nothing at all be taken into it, the retching occurs every few minutes; and the pain is constant, though worse with the exacerbation of the fever.

To meet the first indication, I generally prescribe three or four grs. of calomel, one grain of ipecac, and as much opium as the patient will bear, i. e. from one to three grs., in a powder, and repeated every two hours until the effect of the opium is manifest. Apply a sinapism to the epigastrium and extremities, and cold to the head. This will mostly lengthen the interval between the spells of vomiting, provided you can, in a good measure, keep the patient from drink, and for the time being subdue the pain and suffering. This point gained, I suffer it not to pass unimproved, but make the most of it to meet the second indication. And for this purpose I administer castor oil *per orem*, and injections *per anum*. The injections may consist of water, milk and common salt, and be administered with a common syringe, until the lower bowels are cleared; but afterwards they should be given with a stomach pump and tube, or what will answer nearly as well, an elastic catheter of large size, with the end cut off, and a common syringe. With these, large quantities of a simple enema may be thrown high up into the bowels; and if discharged without pecal matter, a more active one of infusion of senna and sulph. mag., or castor oil and oil turpentine, or croton oil may be used through the tube, and left there for a time: when, if they are not returned, the milk and water, or simple warm water, may be used in quanity until it does. And this course, or a modification of it, should be persevered in until the bowels are freely opened. I sometimes, in the first place, where I think the stomach will bear it, combine with the calomel, &c., some jalap, comp. ext. col., or other cathartic, but rely principally upon the castor oil; for, in addition to its being a very certain yet mild purgative, (when fresh and pure,) its oleaginous character renders it, I suppose, highly beneficial and soothing to what would appear to be a con-

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gested and powerfully irritated condition of the stomach, and perhaps bowels. But be this as it may, it has proved the best in my hands, and I use it all through the disease to keep the bowels soluble.

The emesis has not stopped, even though the bowels are free; and if the pain continues, I still give opium in some form or other, and variously combined to meet other symptoms present.

Many would object to using opium under the circumstances I do, but I find nothing but good come from its administration. And I have no doubt that the profession has yet to learn many therapeutic applications of the narcotics, and of none more than opium.

But if the pain is not great, from 40 to 60 drops of a solution of a drachm of camphor in an ounce of sulphuric ether may be given every hour or two. And the soda powders may be used advantageously both to quench the tormenting thirst, and relieve the nausea, but cannot be relied upon, when the pain is severe. Seidlitz powders may also be given, answering both for an anti-nauseant, and a laxative. It is mostly necessary, sooner or later, to let a blister supply the place of the sinapism over the stomach, and it should be kept open if necessary by the re-application of this plaster.

There are some other articles which judging from their action in other cases, I should suppose might prove valuable in this disease as *anti* emetics. One is Cresote. This article is found in many other cases to be a powerful antidote to nausea, and emesis, and I know no good reason, why it may not be here.

Cupping also I have no doubt would prove highly beneficial: and the cold *douche* applied to the epigastrium would probably be very serviceable, but the neighborhood in which I have seen the disease, is so distant (from 8 to 12 miles) that patients were seen at comparatively long intervals, and I have been unwilling to prescribe any thing that might not be safely left to the supervision of unexperienced nurses.

Drastic cathartics are in my estimation strongly contra-indicated, for before the regular peristaltic action of the intestines is established, they certainly cannot be relied upon to open the bowels, because their fecal contents are scybalous and need both time and fluids to enable them to pass. But the action of this class of medicines is to increase powerfully and rapidly the propulsive action of the intestines without giving them time to accommodate themselves to the condition of their contents. This must therefore add fuel to the fire of irritation and make worse the bad symptoms. And moreover they are probably incompatible with

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the pathology of the disease. After the bowels are relieved there is no need certainly to employ them.

The third result to be sought after in the treatment is, relief from the fever. And this is to be accomplished by the ordinary means applied for that purpose to our autumnal fevers. I rely very much upon the sulphate quinine exhibited during the remission, when there is no other complication, and the fever does not subside with the other symptoms under the treatment instituted for their relief.

Complications must be treated according to their nature, and if the patient sinks, brandy, quinine or such other stimulants as the case may demand must be resorted to.

The convalescence, as in other diseases, is sometimes very rapid, at others very protracted, and has nothing peculiar, either in its nature or treatment.

An idea prevails, that perfect recovery of health after an attack of milk-sickness, but seldom if ever takes place. This I conceive to be an error. 'Tis true, after a very severe attack, there is a shattered state of the constitution left, just such as remains after an attack of any other equally severe disease.

In order to exhibit more clearly the treatment that I instituted, the following case is submitted with the remark, that it occurred about ten miles from Salem, and was not visited so often even, as once a day.

Case.—Called Saturday July 20, 1844, to see T. P. an unmarried man aged 28 years, rather robust. Says he felt unwell on Wednesday, but continued his work until night. Thursday morning eat his breakfast, but threw it up soon after, and has been vomiting ever since at short intervals; sometimes every five minutes, sometimes an hour intervening, accompanied with a pain in his limbs, and a severe burning pain in his stomach.

Saturday evening.—Found him with a dry skin, painful extremeties; white furred tongue, vomiting every thirty or forty minutes; severe burning pain in his stomach, bowels without passage for sixty hours, and then scanty, pulse 90, full, quick and soft. Gave opium grs. jss. to be repeated with a little cal. and ipecac; if the vomiting continues, to be followed, this evening with cal. grs. xv., and that, to-morrow morning, with castor oil.

Sunday morning.—Rested last night after taking the second dose of opium, &c., but by mistake has taken thirty grs. cal. instead of fifteen. Vomited once or twice this morning, throwing up the castor oil that had been given, bowels not moved, pulse 70. Use soda powders

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to check the vomiting, and castor oil to open the bowels, and the syringe if necessary.

Monday.—Heard he still vomited occasionally; bowels moved several times yesterday evening, burning in the stomach still continues; sent soda powders, camphorated ether, and a blister for the epigastrium.

Tuesday morning.—Vomits occasionally when too much fluid accumulates. Bowels open, pain in stomach not so bad; tongue brown, skin dry, pulse 70, not so full as before, limbs painful; thirst continues. Ordered, 10 grs. dovers' powders every six hours, with 50 grs. spt. nit. ether to be intervened by jide sal., epsom in soda.

Wednesday morning.—Vomited three or four times yesterday afternoon, and night; rested tolerably well last night; some pain in his stomach to-day; skin moist, tongue brown, thirst unabated, pulse 60 soft and natural, bowels open. Cream of tartar water to drink, 10 gts. dovers powder to-night, and foot bath. To-morrow morning 2½ grs. quinine every two hours until four doses are taken if the fever does not rise too soon.

Thursday afternoon.—But little fever, no pain, thirst slight, skin moist, tongue beginning to clean. A dovers power to-night, and three 2 grs. qui. powders in the morning. Convalescence rapidly ensued.

This was regarded as a very plain case of Milk-sickness.

Having thus given my opinion about the disease called milk-sickness in other respects, I propose now to examine, so far as I am capable, into its cause, having already intimated, that I held doubts respecting its having but one source, viz: the product of animals affected with the *Trembles*. This is at variance however with the universal opinion, so far as my information extends, of both the medical writers, and the people who inhabit the districts of country where it prevails. The evidence I have leads me to believe, that a majority of the cases have their exciting cause in this way. But I have seen instances, where with an undoubted belief existing with the patient himself, that such was its origin, he was unable to trace it; and concluded he must have contracted it, at some unknown time and place. And again I believe I have seen the same set of symptoms, in patients who had not had the least opportunity of contracting it from that source.

This opinion is strengthened by the view I take of the character of the disease itself, not believing it to be a disease *sui generis*, but a mere complication of a disease already having an existence in every nosological arrangement of human maladies, viz: Remittent Fever.

It seems to me, that the idea of this being a separate and distinct disease, could not have been formed at the bed side, by physicians capa-

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ble of investigating its features, and giving proper weight to its symptoms. But it appears to have been an opinion received from the people, who drew their inferences before medical men were known in the frontier settlements, where milk-sickness prevailed in its most alarming extent. These might very readily, through ignorance, and inability to discern its real character, suppose it to be the effect of a specific poison and entirely disconnected from every known lesion of the human frame. They certainly would not be likely, left to their own resources, to conclude that the yellow fever which overpowers its victim in a few hours, could have the same origin with the mild remittent of southern climes, which runs its course in a few days, and leaves its subject apparently none the worse for its existence; and yet I believe that the identity of their cause is an admitted fact. I do not wonder therefore that these people should be led into error, nor that ignorant or pretended physicians should be deceived by them. But it does strike me as a little singular, that all medical men and especially those who undertake to enlighten their brethren, and the world upon this subject, should swallow down the proffered error, without inquiry, or objection. A physician settling in a neighbourhood where this form of disease prevails, is told that it is something peculiar, and unlike everything that has ever met his observation before. And visiting his first patient, thus prepossessed, he is ready and sure to find just what he has gone prepared to see.

I too was led to believe in the specific character of this disease upon my first settling in Salem, and before I had seen an example of it. But was fortunate enough to be called to five or six cases without an intimation from the messenger, or any one else of what I was to see, and was surprised to find upon their recovery that I had quite a reputation as a "Milk-sick doctor," without the consciousness of having ever seen a case. And certainly subsequent experience has not taught me to regard it, as a disease *sui generis*.

In the summer of 1842 I heard frequently of a disease that was committing dreadful ravages among the inhabitants, in the neighborhood of Covington, Miami co., Ohio, and to gratify my curiosity, I visited the place, and made personal inspection of its symtoms.

There had been but seven or eight deaths, but having all occurred in two or three small families, it looked to the neighbors like sweeping every thing before it and created considerable excitement and alarm. The attending physicians denominated it "congestive fever," and I was surprised to find, upon visiting several of their patients with them, nothing more nor less, than what is in my neighborhood called milk-sickness, and upon inquiry found it was so regarded by the common

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people there. But the physicians scoffed at the idea, evidently looking for something very different, as essential to that disease.

The opinion, that it is but a form of miasmatic fever, carries with it nothing absurd, or that cannot be sustained by analogy. How often do we see excessive pain in the stomach and vomiting, characterize the several stages of an intermittent. I have now a patient under my care, whose exacerbation of a tertian intermittent, is spent almost exclusively upon the gastro-intestinal part of the alimentary tube constituting a severe cholera morbus. Others (and I have two recent cases in my mind) have the irritation of the febrile attack spent almost exclusively upon the lungs, causing a distressing and almost incessant cough. Others again are so affected with pain in the head, that it obscures every other unpleasant symptom. Add to these, Neuralgia, Cephalalgia, Odontalgia, Ophthalgia, &c., of the same paternity, and without going further, we see sufficiently the varied character assumed by disorders acknowledged to have malaria as a common parent, and they are such as would justify us in classing milk-sickness with the same family without doing violence to any known law of reasoning. But yellow fever, in all its malignancy, as well as in its mildness, is produced by malaria modified by intense solar heat, and it may be by other undiscovered causes. And certainly if the violence of the symtoms of the disease known and here described as milk-sickness, should be urged as an objection to the theory of its cause, as now submitted, a full and sufficient refutation is contained in the history of yellow fever.

But let us bring the argument nearer home, by turning our attention for a moment to other complications of remittent fever.

Where is the practitioner of any experience in the treatment of common autumnal fever, that has not been compelled to abstract blood, and use external cold to prevent, or cure a threatened, or actual inflamation of the brain? Who has not used tartar emetic to relieve the lungs, when the whole force of the fever appeared to be concentrating itself there. And above all, who has not had more or less occasion to use the very same means mentioned under the head of treatment for the very same condition there prescribed for, but in a minor degree? Now if this be true, and for its correctness, I appeal to every man's experience, it certainly requires but slight modifications of the exciting cause to produce this latter complication more frequently. And if so, we have everything we find in milk-sickness.

This modifying cause, I shall attempt to point out in the sequel. And beside all this, milk-sickness occurs at the same time, in the same

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localities, and frequently in the same family at the same time, with what every one acknowledges to be remittent fever.

But an anonymous writer asks, why do not all persons contract the disease who are similarly situated, if it is of atmospheric origin? I would just ask this "great unknown," why every body does not suffer from ague, who is exposed to the malaria which produces it? or why every erudite mind like his, does not suggest an equally profound query?

I do not wish, by any means to deny the agency of the product of animals laboring under the trembles, as an exciting cause, for as I have before remarked I believe a majority of the cases are excited in this way; but I only want to show, that it is not impossible for the disease to exist independent of any such agency.

The only testimony upon which the advocates of this single origin rely, is, the say so, of what they call "respectable farmers." Now I do not object to the testimony of respectable farmers, in any thing that appertains to their calling, but to think of relying upon them in a matter that requires the nicest observation of men specially educated for the purpose, is preposterous. Why, if you will allow me to adduce the opinions of as "respectable farmers," as-live, as satisfactory evidence, I will prove that *consumption* may be cured by *conjuring; hemmorrhage* checked by *magical words*, and *whooping cough* kept away by an *abracadabra*. But, conclusions drawn from such doubtful data, are never to be regarded as satisfactory in scientific investigations. The people are all prepossessed, from some source, (tradition probably) with the belief that milk-sickness comes to the human frame solely from cattle; and whether or not, they are able to trace each case to its origin, it affects not in the least their established opinions; so, that without designedly deceiving a physician, they will tell him that they never knew an example, but what was brought on by butter, cheese, milk or beef. And even Prof. Drake appears very willing to let such assertions pass for established truths, inasmuch as he asserts upon the authority of a man and his wife, whom their neighbors did not consider mendacious, that milk-sickness was induced in them by skinning a cow, dead with the trembles. This certainly seems like stretching the cord, or else, why does not some other person, at least, be heard of contracting it in that way, when *so many* are exposed. The truth is this I presume; they had been skinning a cow, and took sick afterwards without knowing why, and not finding a cause to suit them better, sagely concluded it must be from skinning *that cow*.

As all men, whose opinions I know any thing of, as well as myself

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concur in ascribing a greater or less influence to cattle, laboring under a disease called *Trembles* in producing milk-sickness, I shall proceed to the spmptoms as they appear in inferior animals, and offer a hypothesis respecting its cause among them.

The following animals are said to suffer from the trembles, viz: horses, cattle, sheep, goats and mules originally, and dogs, hogs, cats, chickens, buzzards and crows from eating the carcass of animals, that died with it.

The cow may be selected as a fair representative of all the other animals,and I shall detail the symptoms, as they are said to manifest themselves in her, and similarly in all other brutes. She first seems listless, and inattentive, looses her appetite, stiffens in her joints, if she makes any exertion, trembles and often even without it; bowels constipated, abdomen contracted, lays down and is unable to rise, or does it with difficulty. Sometimes convulsions terminate her existence, at others none occur.

The treatment of trembles is very simple, consisting of Indian corn and is said to bo very effectual, if used early, opening the bowels, and giving speedy relief. It is very freely eaten, even in the latter stages of the disease. A farmer's wife told me a few weeks since that they fed their hogs with corn, but gave a decoction of phytolacca decandra or common poke to her cows with uniform success.

Cows which have their milk regularly drawn are said not to suffer from the sickness; but if it is drawn by a calf, it sickens and dies surely. And if the cow goes unmilked for a short time, the disease supervenes.

The milk, butter, cheese, or flesh of animals having the trembles are said to reproduce the disease in any other animals eating either of them, and may in this way be propagated to an indefinite extent.

Various opinions have been advanced respecting the cause of the trembles in cattle. None of them however have stood the test of a close examination, without failing to maintain their integrity, not even the *Rhus* theory which Prof. Drake was at so much pains to establish. Dr. Bigelow read a paper before the Medical Convention of Ohio in 1843 and it was published in the Western Lancet for December of that year, in which he clearly shows that Rhus cannot be the cause of it. This was the only theory not before disproved, and its overthrow leaves every one at liberty to enter the field of observation, make his own examinations, and draw his own conclusions and inferences. Having done this I have by a course of reasoning, satisfactory to my own mind invested it with the belief that the trembles are of malarious origin, and

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I shall attempt now in a concise manner to point out that course of reasoning. It is not necessary for me to more than refer to McCulloch to prove that malaria *will* affect domestic animals, but in addition to that, Lancy, the celebrated French Surgeon speaks of an inflammatory fever of a violent character among the cows and oxen during the campaign of Italy, from this cause, and Dr. Wright has seen a dog laboring under a regular tertian ague.

Suppose we glance for a moment at the topography of the country where the trembles in cattle and the milk-sickness in man, for they always exist together, prevail.

Writers tell us, and it is corroborated by my own observation, that they exist only in localities that are flat generally, or have spots of flat ground, with depressions, that contain water in wet seasons, but in a long drouth become completely dessicated, a dense growth of timber, no matter of what kind, and a thick undergrowth of either shrubs, vines or plants. These situations have been frequently and minutely examined, and do not possess any thing peculiar in geological formation, mineral contents, or vegetable production.

But when brought under cultivation, these spots lose all their power to produce evil; and hence cattle, kept in enclosed and cultivated pastures, never suffer from the trembles. A few hours' browsing in these infected places, is sufficient to produce fatal results, especially if those few hours belong to the night; and some have gone so far as to say, that at no other time than between sunset and sunrise, would any evil consequences ensue.

Now, let me state what is essential to the production of malaria, and the laws which govern it when produced as set forth by the best modern authority. "Dead vegetable matter, a high temperature, atmospherical air, and water in moderation," are essentially requisite to the elimination of this noxious substance, and it "obeys the motions of the atmosphere, and is generally, if not always, combined with water in the form of mist.

It adheres to solids—

Fire and smoke prevent its effects—

It follows currents of air occupying the lower regions of the atmosphere, and not rising to the height of few hundred feet unless raised by a strong breeze or by the sun.

It is intercepted by groves in which the foliage is thick—houses are thought to have the same effect.

It acts most powerfully before the rising and after the setting of the sun."

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Who does not see, at a glance, that the localities where cattle contract the trembles, are the very places to produce malaria in its most concentrated form. Here we have an abundance of dead vegetable matter—here we have atmospheric air—and the trembles nor milk-sickness never prevail until there is high temperature, and the water in exposed situations evaporated, and partially gone in those protected in a great measure from the rays of the sun by the thick foliage of the trees. Malaria must also exist here in a concentrated form; for both the large trees and the smaller undergrowth serve to keep both the sun and currents of air from dispersing it, and there is neither fire nor smoke to prevent its effects.

But do you ask how cattle received it? I answer—we have already seen that it adheres to solids, and remains near the earth, until it be raised by some foreign cause. And the stems, or twigs and leaves of the undergrowth, are in the right situation, and afford suitable depositories for it as it is generated. And moreover, they are the right height and the kind of vegetation that cattle naturally feed upon; and they therefore *eat* the malaria with their food, and get the trembles—man eats them, and gets the milk-sickness—or, being exposed to this concentrated form of malaria himself, and being predisposed, gets it without.

I presume a predisposition must be present in all cases, let him derive it from what source he may; or else, why does not every individual who is qually exposed, equally suffer?

I do not intend to touch here the vexed question of what the nature of malaria is. That may be settled by others; and, determine it as they may, it will not affect my theory in the least, so long as the laws which are at present acknowledged to govern have control.

I do not see anything unphilosophical in the supposition, that the malaria in these situations, may be increasing in virulent properties from year to year. That which adheres to annual plants falling to the earth with them, when cut down by autumnal frosts; and that sticking to shrubs washed off by the fall rains, lies dormant through the winter, is resuscitated by the same means; and at the same time that new malaria is generated the following year, adds itself to it; and thus, from season to season adds to its power, and increases its deleterious effects. Be this as it may, if the season is very *wet*, we have no trembles or milk-sickness, because there is too much water; and if it is very *dry*, we have no trembles or milk-sickness, because there is not water enough. And if, in the midst of an endemic of this character, a heavy rain sets in, it immediately checks its increase until the surplus water is brought down to its former quantity: thus corresponding exactly with the condition of the elements essential to the production of malaria.

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We find in this theory, too, a rational solution of the query, why clearing up and tilling the land is a preventative of the trembles, because it takes away the thick timber and undergrowth that must be present to form this kind of malaria, and present it in a way that it may reach the stomach of domestic animals.

If I am asked whence arise those scattering cases of milk-sickness that occur in the winter, I would answer as the Yankees are sometimes said to do, viz: by asking another; that is, whence arise those scattering cases of remittent and intermittent fever that occur in the winter?

How it is that this poison, when taken into the system of one animal, can so innoculate the secretions and all the soft tissues of the body as to produce the same train of morbid symptoms in another, partaking of any of them for food, is a problem that I leave for solidists and humoralists to solve, reminding them, however, that the solution would lose none of its difficulties if it were demonstrated to have sprung, in the first place, from a mineral or a vegetable origin.

Salem, Oct. 9th, 1844.

Art. 2.—*On the Seat or Source of Common Convulsions.* By T. Wilkinson King, F. R. C. S. E. *Prevailing views.—Capillary disorder, connected with other disease, encroaching by crus cerebri, or crus cerebelli, on the pons varolii; or, beginning in this body, is the only (?) cause of convulsions; objections.*

It is a little remarkable, that hitherto there has been no settled opinion in the profession, as to the primary seat of derangement in convulsive affections. Dr. Hall and some others seem to refer the spasms to general disorder of a specific nature in the spinal marrow. Others impute them rather to meningeal or to superficial affections of the cerebrum. I do not know whether any authority might be collected in favor of the views, which, by degrees, and unawares, by the aid of pathology, I have formed for myself, and which I am led to advocate in consequence of hearing different expressions of the uncertainty and discrepancy that prevails in the matter. The substance of what I am about to unfold, was pretty well declared in my last paper, but having subsequently thought that a mere statement on so great a point was little likely to meet with favor from any class of physicians—the necessary induction of a suitable array of facts, by the aid of a friend, has been made, and this rather wearisome task of compilation, I now think, pretty thoroughly done, is not without a clear prospect of other advantages.

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Convulsions, which leave the patient as well as ever, even after many attacks, cannot be expected to have any visible permanent local alteration connected with them.* Shall we suppose a sudden blush or transitory injection of the part (such as that in the face, or the coma in epilepsy, indicate), or only a change in the quantity or quality of the nervous endowment. To have a clear understanding of the local source of each convulsive movement, would be no small help to the right consideration of particular affections of the brain and spinal marrow, and I am not without expectation of being able to furnish such.

In the first place, I shall proceed to show what I have concluded the pons varolii has to do with convulsions—for, here, all motor tracts converge—and, here, one thrust, as it were, may stir up every muscle of the body.

I assume that no affection of bone, nor, indeed, any meningeal affection, necessarily affects brain or nerve, and I could almost add no tumor. I see that all the affections here named begin and go on to a great extent without nervous symptoms, and that the signs of nerve-disease, when they do supervene, proceed immediatly, and without any strict relation of duration, degree, or consequences, to the extraneous disorder. I find, moreover, two sets of real nerve disorders, *i. e.*, 1stly, with a palpable cause and a definite site; and, 2ndly, devoid of visible local change; and I cannot doubt but that some of the latter are fairly illustrated by the former. A new and gradual growth deranges no nerve fibre—a strumous tubercle in the thalamus gets large, unsuspected; and consequent affections of the opposite arm come and decline variously, according to the varying incidental changes in the brain, around the tubercle. Such a body, in a renovated constitution, rather wastes, turns to cholesterine, and may be unheeded through a long life. Strumous, cancerous, inflammatory and apoplectic diseases of the brain are occasionally found to become arrested at every stage of their course, as when wasting or other disorders, elsewhere, come into greater activity.

On the other hand I think it is, in the main, pretty certain that cysts, tumors, inflammations, softenings, extravasations, whose size or extension may gradually encroach on the pons, induce convulsions before the final coma—a certain state of injection, or nutrition, or of nerve-irritation, preceding total oppression.

With regard to the details of common diseases, and the history of the

* Oliver quotes cases of ancient epilepsy in which strumous tubercles seem to me to have been formed, rather as consequences than precursors, in the pons varolii, pyramids, &c.

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course and of the effects of treatment, I avow freely that I hold very light all that does not explicitly show the hourly influence of temperature, and prove, too, that the narrator has had his eyes open to this grand perverting or assisting influence. The surface has about the largest function, and correlative internal agencies, for good or bad! What do we hear of all this? An eminent physician ordered, in rapid phthisis, a little fire-basket into the empty, open fire-place of a cold room, to increase a purifying draught—another, advocating warmth in acute inflammations, cuts off the top of the door to diffuse the colder air over the ceiling,—(we might ask, how would the experiment succeed with water?)—but I simply wish to shew that the physics of warm air is not rightly considered, and that its physiological effects are still less rigidly appreciated. I would not offend, but I cannot forbear asking, if it be right to accept of a theory of irritations, and spasms, and sympathies, from those who certainly do not dwell on the possibility that cold may be a cause of convulsions, eruptions, palsy, fevers, discharges, or arrested secretions; and who seem to deny that worms, dentition, irritation, sympathy, and the like, may occasionally be imaginary. The best account I know (which I scarcely dare name,) of the causes of convulsions, totally omits all reference to cold. It may seem vexatious, foolish, vainglorious, or what not, but still I hold on to the conviction of years, that the clinical history of a dangerous case, when regardless of such things as clothing, of open windows, and other scarcely less glaring influences of the same kind, is a very indifferent substitute for the true account of diseases and of remedies.

Every known disorder of the spinal cord causes lesions of motion (rigidity, spasm or palsy,) and of sense (pain, darting or numbness,) in proportion to its severity, and only in parts *below* the seat of the disorder; but, if these affections involved the excitor cords of some physiologists, surely we should have universal disturbances.

The convulsions of known spinal diseases are all comparatively limited or insignificant.

To what nervous lesions do we look, for most general palsy, or tremor? As disease approaches the centre of the pons, so general convulsion or fatal paralysis attends. Slow tumors thus indicate the site of the transitory actions which cause convulsions. The same diseases in the cerebrum, cerebellum and spinal marrow, cause no general convulsions. These assertions I hope to make good. If any one should think he can do as much in opposition, I can only wish to see it.

1. *There are various diseases of the cerebrum, which, approaching the*

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pons varolii, produce convulsions, first of the opposite side of the body, and then generally.

2. *There are various diseases of the cerebellum, which, gradually advancing upon its crura, &c., cause convulsions, first of the opposite side of the body, and then generally.*

3. *There are various diseases of the tuber annulare itself, which, in their course, usually set up universal convulsions.*

4. *There are some exceptions to the above statements, but the consideration of them rather illustrates than refutes the main principles advanced.*

These points are, I think, established, seriatim, in the following four sections:—

Section 1.—A woman, aged 77, had violent *convulsions of the left arm*, which returned every two or three days for ten weeks, with weakness of the arm—then weakness of the leg, and gradually complete hemiplegia, the convulsion then ceasing—speech then lost, but mind entire—death after eleven months without any other symptom. A hard, yellow, cancerous *mass*, larger than a *duck's egg*, and composed of many lobes in the substance of the *right* hemisphere. Rostan (*Ramolissement du Cerveau.*)—Abercrombie, p. 437.

A female, æt. 27, had softening in the centre of the *right* hemisphere, and some injection of the other, anteriorly. *Left* arm and right cheek violently convulsed; (sense and mind good); then all parts were affected, the arms more than the legs.—Spillan's Andral, p. 139.

A boy, aged 16 months, formerly healthy, was seized with an attack of *convulsion*. It affected chiefly his *right side*, which was very strongly convulsed. He had a second attack on the evening of the same day, after which, he had fever, blindness, and loss of the power of deglutition. In this state he continued ten days, when he had another fit, and after this, he gradually recovered his sight and deglutition. From this time there was a degree of *paralysis* of the *right side*, but in other respects he enjoyed good health for four years. He then had *epileptic* paroxysms, which at first occurred once in two months, but gradually increased in frequency. After a much longer interval than usual, a few weeks before his death, the fits returned after a fright, recurred with great frequency, and were fatal. He was then 12 years of age; his right side had continued weak; and, at the time of his death, the right lower extremity was three inches shorter than the other; his intellect had been weak, so that he never could be taught to read. On the surface of the brain, under the left parietal bone, there was a *tumor the size of an egg*, situated between the pia mater and the arachnoid; in-

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ternally, it was of a white and somewhat glutinous appearance, but very firm, and when cut into, some serous fluid was discharged from it; no effusion. Communicated by Dr. Beilby.—Abercrombie, p. 434.

A man, æt. 40, had pain and throbbing in the *left side* of the head for two months, followed by convulsions in paroxysms of the *right* limbs; mind long clear; great softening with pus through the interior of the *left* hemisphere; a blood-clot, the size of a walnut, in the *left* thalamus. —Abercrombie, p. 91.

A man, aged 42, severely phthisical, with fœtid discharge from ear; all parts suddenly convulsed, *right hand*, through the night; exhausted. Fungoid (?) tumor, size of a small chesnut, outside the left lateral ventricle.—Bright, p. 121.

A female, æt. 16, had acute softenings of the hemispheres, superficials, except deep changes of the posterior part of the *left* brain. There were convulsions—most of the *right* arm, and least of the left side—*Lancet*, 1841–2, p. 755.

A man, aged 38, liable to twitchings and epistaxis, &c., after a fall had stupor, &c. Left limbs violently convulsed; great clot between the bone and dura mater on the side of the right hemisphere.—Bright, p. 406.

A man, aged 50, had a chronic solid tumor, four inches long, on right anterior cerebral lobes, and twitchings of left limbs.—Bright, p. 344.

A man, aged 30, had softening of *optic thalamus of right* side; diffluent state of fornix; tetanic phenomena at first; subsequently, alternations of paralysis *and convulsive movements of left* side of body.—Spillan's Andral, p. 142.

A man, æt. 47, had cancer, the size of a pullet's egg, in the left corpus striatum, thalamus and hemisphere; hemiplegia of long standing, preceded by pains, occupying the side of the cranium, opposite the paralysis; intellect perfect; suddenly a volent attack of epilepsy, followed by profound coma, in which the patient died.—Spillman's Andral, p. 191.

A young female fell from a height, senseless; severe convulsions; died the sixth day; superficial brain-lesions; bloody-softening, the size of a small *walnut*, beneath the hinder part of the corpus callosum.—Bright, p. 405.

A man, aged 24, severe headache; watchfulness and imbecility of the head; blindness of the left eye, and after a month, of the right; *convulsive paroxysms*, which continued to recur for six months; they then ceased, and he died of pectoral complaints.

Extensive disease of the lungs; much effusion in the brain; in the substance of the left hemisphere, a *tumor larger than an egg*, weighing

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fourteen drachms; it was covered by a fine sac, and internally was white, firm and uniform, resembling coagulated albumen, but harder. Felix, Platerus, Liber 1, 106.—Abercrombie, p. 481.

A lady, aged 49, of a scrofulus habit; gradual failure of memory, sight and hearing; inarticulate speech; *epileptic paroxysms*, at first once in the fortnight, afterwards more frequent; her gait feeble and tottering; died in six months. A year before her death, she had been much stunned by a fall down a stair.

A *tumor*, the size of a small orange, lay on the pars petrosa of the left temporal bone, inclining to the opposite side, and producing great depression in the substance of the brain; the seventh pair of nerves, and the branches of the fifth pair, were compressed and stretched by the tumor. Internally, it consisted of a soft uniform substance, resembling the cineritious matter of the brain.—Communicated by Dr. Hay.—Abercrombie, p. 482.

Section 2.—A female, æt. 31, had pain in the occipital region of three months date; hemiplegia of left side established gradually; latterly, convulsive movements of the paralysed limbs; blindness; considerable softening of right lobe of cerebellum.—Spillan's Andral, p. 202;

Osteo-fibrous tumors, of the size of a pullet's egg, on under surface of tentorium cerebelli, to which it closely adheres; convulsive movements at intervals, with hemiplegia of the side opposite that where the tumor was; atrophy of lobe of cerebellum corresponding to the tumor. Death by a cerebral hæmmorrhage in a man, æt. 47.—Spianzi's Andral, p. 2.

A girl, æt. 7, with incipient phthisis, had fever, head-pain, and disturbances, ten days; then *convulsions* of the *right limbs*; fits for four or five days; fatal coma. Summit of right hemisphere softened one inch deep; solid infiltration of the coverings here; scattered miliare tubercles; and, at the *junction of the left crus cerebri with the pons*, '*an irregular tubercular mass*,' of considerable extent, mixed with adventitious membrane.—Abercrombie, p. 81.

A female, æt. 19, had a purulent cyst, the size of a pullet's egg, in the centre of the left hemisphere of the cerebellum. There was first pain at the base of the occiput; then paralysis, with contraction of the right limbs; general convulsions; mind long free.—Spillan's Andral, p. 203.

A girl, æt. 4, with neurotic ear; improving; had relapse, and was *frequently convulsed*.

In the substance of the cerebrum, close to the left ventricle, was a tubercle, the size of a walnut; and in the fore-part of the cerebellum, under the tentorium, was another, *softening, and inflamed*.—Bright, p. 121. Medical Times, p. 76.

(*To be continued.*)

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ART 3.—*On the various Forms of Constitutional Peculiarity.*—BY J. BOWER HARRISON, Esq.

We are well aware that there exist original morbid constitutional peculiarities, the essential differences of which we cannot define, and yet we may describe their characteristic appearances and habitudes. Now these states of the system have often been confounded with the pathological condition which are incidental to them, and this might naturally be expected to arise, since certain aberrations from the healthy state contribute to the production of particular diseased actions. Mr. Lawrence observes, in his "Surgical Lectures," that the word "scrofula" is sometimes used to signify a certain state of constitution, and at other times a local disease. Such confusion may always be traced to the confounding of the molecular constitution with the incidental disease to the establishment of which it conduces. The separation of these obviously different conditions will be apparent when we have treated of the *relation* of morbid derangements, and shown the manner in which the secondary disorder is influenced, and in some measure occasioned by the existence of a depraved constitution.

In speaking of the different morbid states of constitution, it is not easy to point out in what manner they may be discriminated, because there exist all the gradations between health and each variety; and sometimes the deviation from health is apparently so slight, that we are not aware of its existence until the supervention of morbid phenomena indicates, by their modified character, the original distemper of the constitution. In relation to scrofula this remark is certainly applicable, for we are often at a loss to say to what degree of aberration the word is to be applied, and hence some writers have even asserted that there are few Englishmen who are exempt from the disease.

Scrofula is commonly said to be known by an unusual delicacy of structure. The skin is generally of an extraordinary degree of fineness, which has suggested the idea of transparency; it is soft to the touch, and the muscles do not seem to possess that degree of firmness which is characteristic of health. Even the conformation of the body is in many cases peculiar; the chest being narrow and its sides flattened, so as to present considerable resemblance to the breast of a chicken; the ends of the fingers are somewhat enlarged, what is called "chubbed," and the lips are thick and have a coarse appearance. The conjunctiva is also characteristic of the disease; it has a pearly whiteness, which has been aptly compared to the interior of an oyster-shell. But though these are said to be the characters of the scrofula diathesis,

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it is often found impossible to pronounce with certainty on its existence; and in many cases it seems to be in a latent state, or rather, to exist in so slight a degree, that favourable circumstances are necessary to render it palpable. Perhaps scrofula may be considered as resulting from a defective organization of the body, as though the nutrient process was incomplete—an imperfect assimilation of the blood to the various textures of the body. At any rate, we know that all causes of depression conduce to the establishment of this form of constitution. There seems to be some analogy to this state in the condition of plants which have grown rank in an unhealthy soil, and are deprived of the salutary stimulus of the light of day. "Toutes les causes," says a French writer, "que nous avons indiquees, en agissant, comme nous l'avons demontre, d'une mamiere plus ou moins directe sur la nutrition, rendent imparfaites l'elaboration et l'animalization de tous les tissus, dont la substance est pour ainsi dire *crue etiolee*, comme celle d'un vegetal, d'un fruit prive pendant son developpement d'air. de calorique et de lumiere; on concoit sans difficulte que cette imperfection substontielle ne doit pass affecter au meme degre tous les tissus de l'economie, et qu'elle se manifestera specialment dans ceux qui tiennent le dernier rang par leur activite vitale."

In some cases the *physical* appearances of constitutional derangement are so slight or subtle, that it is next to impossible to pronounce on their existence by the mere inspection of the body; and in these instances we are led to conclude on the presence of molecular peculiarity rather by a negative than a positive method of reasoning. When we have evident symptoms of disorder, and are yet unable to discover any progressive morbid derangement; when we can discover no lesion of parts, and yet find the body suffering excessively from circumstances which are ordinarily inadequate to occasion mischief; and when these signs of disturbance are of a varying and capricious character—it seems reasonable to suppose that the disease is to be ascribed to, or at any rate that it is associated with, a peculiarity in the constitution. We have little or no evidence of any extraordinary difference in many of these cases, and the conclusion is rather a matter of inference than one of demonstration. It not unfrequently happens that females of full and robust appearance, with every indication of health, are strongly affected by the most trivial circumstances, and experience the most acute pain from the slightest causes, or fall into fits characterized by extraordinary gesticulations. It would seem probable, therefore, that these phenomena arise from the co-existence of various derangements with a

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particular character of constitution. Amongst these accompanying disorders, the derangements of the uterine system (probably from the great sympathy of the other parts of the body with the uterus) are chiefly important, and hence the epithet hysteric (the womb) has been applied to signify this excitability of body. We know that the mobility of the female sex is found in unison with a greater physical delicacy, and it may be conjectured, with some probability, that a variation of a similar nature, but more subtle and intense in degree, may be the occasion of an extreme mobility. In these instances it may be further probable that the nervous centres are more especially concerned. In the production of hysteria, as we have stated, a [de-rangement of the uterine functions is always to be considered as a very important and frequent cause; but this subject will come under consideration hereafter.

A depraved state of the constitution, more strongly marked in the osseous system than elsewhere, and probably to be distinguished from scrofula, is described under the denomination of rickets. This peculiarity is often arrested as the subject advances in years, so that it is principally seen in early life. The bones, being preternaturally soft, become distorted, especially those of the inferior extremities, which support the weight of the body. The pelvis is generally small, the skull thick in places, and the spine curved. This peculiarity of constitution is often associated with other conditions of disease, which together constitute a formidable malady; but in other instances, where this is not the case, the patient ultimately enjoys a robust health, so that the original affection is only evident in the conformation.

In some instances the molecular changes are so disguised and blended with other conditions of derangement, that it would be difficult to say how they are to be discriminated. This applies more especially to what may be regarded as the *acquired constitution;* for, independent of the peculiarity given by hereditary transmission, it is obvious that there are many circumstances which, even acting on the healthy state, would in process of time derange the organization. But the nature of these acquired dispositions will be better understood when we have considered the other conditions of disease which are often their immediate occasions, and are almost universally complicated with them. In the mean time we may notice some of the constitutional changes which are acquired from the agency of extrinsic causes, and which do not necessarily arise from the pre-existence of other disease.

Now the healthy condition of the tissues can only be sustained by a

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proper supply of food; and a morbid condition of body, which is very deserving of attention, is induced by a want of food, or by the long continuance of innutritious food. When we come to visit the poor at their own homes, and witness their habits, we cannot fail of being struck with the importance of this subject in its bearing on what may be called "the *acquired constitution.*" Every one may live, without injury, for a time, on an irregular kind of food; but it cannot be continued long without producing a deleterious effect on the system. Many of the Irish poor in the neighborhood of Manchester subsist on a very precarious diet. Herrings and potatoes, water-porridge, and tea without milk, and often without sugar, form the ordinary repast; sometimes a little bacon is added to the meal. It will be readily imagined that habitual use is made of tobacco and dram-drinking, which, whilst they impair the appetite, are no real substitutes for wholesome articles of food. Every one must have noticed, who has examined the bodies of the destitute in our dissecting rooms, the peculiar pale and watery state of the muscles. They seem, indeed, scarcely like muscles, for we cannot well distinctly trace the more minute faciculi; they seem almost to have lost their characteristic appearance, their healthy red colour and proper consistence. Now this state must undoubtedly exist during life. I am sure there is yet much to be done in the way of inquiring into these states of constitution as the basis for a proper understanding of disease—not by vaguely referring to tendencies and predispositions, but by a bona-fide description of the alteration which various circumstances induce. The feel of the hand is often a good criterion of the state of the constitution. I am generally in the habit of examining the firmness of the muscular fibre in arriving at a conclusion as to the state of the patient's health. We may in some degree guess at the strength of the constitution by the touch of the hand. We notice the difference of texture of flesh at the butcher's, and shall there be no difference in ourselves in health and disease? The appearance of the hand, both as to its form and compactness, is not to be overlooked, and is a very significant indication of molecular peculiarity. The acquired depravity of constitution to which we have alluded is much aggravated, and indeed promoted, by the mental distress which necessarily accompanies the hardships and trials of poverty. The subject is alluded to by one, the simplicity and elegance of whose style served to adorn whatever he undertook (*nullum quod tiligit non ornavit.*) "The lower races of animals," says Dr. Goldsmith, in his "Animated Nature," "when satisfied for the moment, are perfectly happy. But it is otherwise with man; his mind anticipates distress, and feels the pangs

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of want even before it arrests him. Thus, the mind, being continually harrassed by the situation, it at length influences the constitution, and unfits it for all its functions. Some cruel disorder, but no way like hunger, seizes the unhappy sufferer: so that almost all those men who have thus long lived by chance, and whose every day may be considered a happy escape from famine, are known at last to die of a disorder caused by hunger, but which, in common language, is often called a broken heart. Some of these I have known myself when little able to relieve them." Of this condition he might have said here, as he has done elsewhere, "*Haud inexpertus loquor.*"

Some depraved states of constitution which accompany diseases of a malignant nature, are included under the general term of the cachectic diathesis. These seem brought about by a variety of causes, which depress the vital powers and produce continued irritation, and probably a constant state of anxiety of mind may be considered as one of the most effective. Hereditary influences have likewise much to do with the development of these peculiarities, and the advance of life, connected as it is with particular structural alterations, seems very favourable to their formation. We shall notice, in a subsequent section, those changes which are supposed to arise more immediately in the fluids, and are known by the name of malignant deposits.

The appearances indicated by the cachectic state mostly precede the manifestations of the malignant diseases; but of this there can be no absolute certainty, because we cannot always say that the interior of the body is perfectly free. In many instances, we undoubtedly find, whether or not it produce any effect by its peculiar irritation, that the progress of the local complaint is at all events attended by a more rapid and complete exhibition of the depraved nature of the constitution.

The cachectic diathesis is distinguished by a sallowness of countenance and a dull yellow cast, which is devoid of all that freshness which we call the *bloom* of health. There is a partly œdematous feeling communicated to the touch without the accustomed elasticity. All the various functions of the body are more or less imperfectly performed, and the mind becomes dejected, whilst the countenance gives the appearance of premature age. But this constitution, as may be said of the others, may be evident in a greater or less degree, and to what extent of degeneration the term is to be applied is not to be determined with any degree of precision.

Many of the changes which are natural to the body are also important in their relation to disease, because each is more or less favourable

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to the supervention of certain conditions of derangement. Thus, the various periods of life may be said to border closely on some morbid states; and certainly advanced age is accompanied with constitutional changes which can scarcely be separated from disease. It may probably seem incorrect to regard as disease those natural alterations which arise in the course of time; but when we consider the vagueness of the term "disease" (which simply signifies a want of ease,) it is not perhaps in reality so improper. In old age the various organs become gradually incapable of discharging their several functions, or can only carry forward their operations with great labour and imperfection. The nutrition, by some curious laws of animal life, becomes altered, and the natural elasticity of many structures is lost by the deposition of more rigid textures; bone occupies the place of cartilage, and the osseous tissue itself becomes exceedingly brittle. Dr. Cullen was in the habit of stating, in his lectures, that if he were to attempt to establish a standard of health, it would consist in a certain size in the conformation of the body—in a certain vigour of action affixed to a certain time of life; and young persons not arrived at that period, or old persons who have gone from it, could not be considered as coming within his definition, though at the same time not in a state of disease. Amongst the many circumstances which conduce in old age to occasion an imperfect *tolerance* of the causes of disease, we may enumerate, the obliteration of many capillary vessels by the shrinking of parts, and the contraction or alterations of structures; the diminution of vital energy, and probably of the vital affinities which regulate the operations which are carried on in the molecules of the body; the gradual failure of the senses and the consequent impairment of the functions which are in some measure dependent on sensation—the decrease of animal heat, whether it be ascribable to the obliteration of the capillaries and failure in the circulation and respiratory movements, or more directly on changes going forward in the nervous centres. The loss of irritability which attends these constitutional changes enfeebles the action of the heart while the alterations which take place in the structure of the brain, and which are rendered evident by the well-known diminution of the mental powers, are inimical to many of the functions which require the supervision of the brain. It would appear, then, that the molecular constitution of various parts of the body suffers changes, in the course of time, which must give a new character to the system, and which though perfectly natural, must be regarded by the pathologist as highly important in their morbid relations. It must be confessed that these peculiarities are made up of several distinct derangements; but it is

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perhaps better to view them in their totality, because the changes are so general and so intimately connected, that their importance is rather evident in the aggregate than in their individual consideration.

The same are also applicable to the other stages of life. Infancy has its peculiarities connected with a real physical difference of constitution. Youth has also its peculiarities, consistent with healthy youth, but still possessing a character which approaches nearer to some conditions of disease than the other periods of life, and therefore more liable to pass into them. I have often been struck with the difference produced by age in the meats brought to our table, as, for examples, between veal and beef; and the same is no doubt, the case with the human body. We thus see that it is not even possible to define the limits of health and disease; and in order to take a just view of the latter, we must, to some extent, go into the boundaries of the former; that it is important to consider the various alterations in the constitution of the body, which follow each other in the course of time, inasmuch as they are not imaginary but real, and ascribable to actual peculiarities of structure, and inasmuch as they always exercise great influence on all the co-existing states which may arise.—*Lancet.*

ART. 4—*On the Reflex action of the Nervous System. With illustrative cases*—BY CALEB ROSE, ESQ., *Swaffham, Norfolk.*

A question of very great practical and physiological interest has arisen, as to the correctness of Dr. Marshall Hall's opinions concerning the reflex function of the spinal marrow. Fortunately, this question is not to be answered by the plausible speculations of an ingenious imagination, but can only be settled by the observation of facts; as such, I offer the following cases for the consideration of those who may feel interested in the points at issue.

J. C——, aged thirty, an agricultural labourer, was in the enjoyment of perfect health until the summer of 1838, when he was injured by a loaded wagon passing across his body; no bones were broken, nor were any of the viscera injured; and, after a short time, he resumed his occupation; but still he did not enjoy his former good health, and very early in the year 1840, he was obliged to give up work; he complained of acute darting pains passing from the spine (the eighth dorsal vertebra) round the body, general ill-health (no acute febrile symptoms, however,) and weakness in the legs gradually increased, and at the expiration of five months, the lower extremities were perfectly

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paralyzed; his urine passed suddenly, and without his being able to restrain it; his bowels were very sluggish. At this time I first visited him; the paralysis of the lower extremeties was then complete; the soles of the feet were tickled, pins were introduced into them and various parts of the legs, without his evincing the slightest consciousness of being touched, while at the same time the reflex motions were remarkably strong; indeed, it was quite ludicrous to observe the movements induced in his legs by irritating the soles of the feet, while his countenance remained perfectly composed and placid. Mr. Brereton has observed, that in one case the reflex action was not excited until after some minutes' trial, and then sensation also was roused; now this certainly was not the case in the present instance, as it was observed by every one around how much more violent the movements were at first, than after the irritation had been some time kept up: nor did I ever observe, during the great attention and interest with which he watched the case, that sensation was roused by long continued irritation; had this been the case, I think it would have struck me. At this time there was tenderness on pressure of the seventh, eighth, and ninth dorsal vertebræ, but particularly of the eighth, pressure upon which gave very considerable pain. After continuing in this state for several months, and nearly sinking under the discharge from large bed sores, he began to mend, and in about fifteen months he was able to move about on crutches; at this time sensasion was nearly restored, but still it was in some measure blunted, and upon lightly scratching the dorsum of the foot, the extensor tendons became tense, while he declared himself to be unconscious of their action; but this was all the reflex action evidenced; there were none of the violent, powerful jerkings which were so remarkable when he was quite paralyzed. After a few weeks, he again relapsed, owing, I think, to having injured himself by carelessness and over-exertion; he gradually became worse, sloughs again formed, and his lower extremities were again entirely paralyzed; the passage of his urine and fæces was now accompanied by violent spasms of the legs, by which alone was he conscious of their evacuation; dressing or touching the ulcer on the sacrum, irritation on any part of the legs, also, produced a similar effect; and strychnia, which was given to him, after a few days, gave rise to convulsions in the legs, although its action was not at all manifested in the upper extremities. In this deplorable state did the poor fellow continue for many months, supported by a liberal supply of stimulants and nourishment, till he again began to recover; and this amendment has steadily progressed up to the present time. He can now move his legs up and down the bed, and

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support himself on his feet with the aid of crutches; he also feels very well, except just across the upper part of the thighs, where sensation is certainly not so acute as it ought to be, while I think the feet and lower part of the legs manifest too acute a sensibility, as he says that I give him a sensation almost amounting to pain when I only draw my fingers quickly along the skin; he passes his water voluntarily, but is obliged to do so immediately upon feeling the desire, as he cannot then prevent the bladder from emptying itself; the reflex-action is now trifling, being nothing more than a slight muscular contraction just as the leg is scratched or rubbed; he sees and feels this slight movement, but is unable to command it. The seventh and eighth dorsal vertebræ are unnaturally prominent, more particularly the eighth, and the upper lumbar vertebræ project too much anteriorly; all tenderness of the spine, however, is quite removed, and the man's general health is very good.

During the whole course of this interesting case, the intensity of the reflex actions appeared to be proportioned to the degree of paralysis, and when this was complete, they were manifested in a most extraordinary manner, being much more violent and energetic than I ever witnessed in other cases; as sensation and voluntary motion slowly returned, these involuntary actions became less and less violent, as is shown by the relation of the case. An immense slough separated over the sacrum, leaving an ulcer which remained open many weeks; dressing this sore did not give him the least pain, indeed, he was not conscious of its being touched; yet it invariably produced contractions of the lower extremities. Strychnia also soon produced its effects upon the diseased portion of the spinal marrow, as was evidenced by the spasms excited in the lower extremities, while the other parts of the body were not influenced by it; I presume that the drug acted as an irritant upon a portion of the spinal marrow, already in a state of excessive action, or, indeed, inflamation, and therefore more susceptible of its influence than a healthy portion would be. In this case the urine never became alkaline.

The other case I witnessed on board the Dreadnought. A robust, young Irishman was struck down by something falling across his back, and entirely bereft of sensation and voluntary motion as high as the umbilicus; in him also the reflex actions were very manifest, and to all appearance he certainly was quite devoid of sensation, for he used to be tried in no very tender manner sometimes. He had just recovered some slight sensation in the toes when I left the hospital.

In this case, Mr. Busk marked out a border just above the line of

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paralysis, where sensation was much too acute, so that the man called out when he was touched there; in fact, intervening between ordinary sensibility and an entire want of it, was a space where sensibility was preternaturally acute.—*Lancet.*

SURGERY AND OPTHALMOLOGY.

ART. 5.—*Paracentesis Thoracis in Acute Pleurisy.*—At the latter end of last year M. Trousseau communicated to the Paris Academy a case in which he had successfully resorted to paracentesis in acute pleurisy. He has just published two other cases in which the operation was performed under similar circumstances; one of the patient recovered, the other died.

The first patient was a young woman, twenty-three years of age, who was attacked with acute inflammation of the left pleura on the 9th of June. She was actively treated, but without any amelioration taking place. The effusion was very considerable, the entire thoracic region on the left side being dull, the intercostal spaces dilated, and the heart thrown underneath the right cartilage. On the 21st the menstrua appeared, but stopped in the evening. During the night the oppression increased to such an extent that M. Trousseau, who was consulted, decided on performing the operation of paracentesis as the only chance of saving the patient. A small incision was made in the skin, between the seventh and eighth rib, a little to the outside of the breast. The skin was then raised until the incision corresponded to the intercostal space immediately above, and the ordinary abdominal trocar was introduced the depth of about two inches. On the spear being withdrawn the fluid rushed forth impetuously. In order to prevent the air from penetrating into the cavity of the chest, M. Trousseau wrapped round the pavilion of the canula a strip of very thin skin, which the fluid raised easily in passing out, but which, falling on the orifice during deep inspirations, effectually closed it. An assistant compressed the abdomen, so as to push up the diaphragm, as also the parietes of the chest. Four pints of serosity were thus withdrawn. The canula was then rapidly withdrawn, the skin being pressed down at the same time. The incision regained its position, below the puncture, and was covered with a small piece of court-plaster.

The heart immediately returned to its natural position, and all dyspnœa disappeared. The patient slept seven hours the following night,

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and rapidly recovered. A fortnight after the slight operation she was able to walk out; the respiratory murmur had returned, her general health was good, and the only abnormal symptom which she presented was a certain degree of matity in the inferior part of the left thoracic region.

The second patient was a young woman, twenty-five years of age, who, a couple of days after a laborious accouchment, was seized simultaneously with symptoms of pleurisy, enteritis, and peritonitis. She was bled, a blister was applied to the parietes of the chest, and calomel was given internally. The abdominal symptoms became less intense, but the thoracic increased in violence, and the effusion became so considerable on the twelfth day that death appeared imminent. The heart was displaced, and the intercostal spaces thrown out. The operation was performed as in the former case, and three pints of purulent serosity extracted. The patient became much easier, but in the course of five days the fluid accumulated to such an extent as to render the operation again imperative. Four pints of serosity containing an enormous quantity of pus, were extracted, to the great relief of the woman, but the skin not having been used, a small quantity of air entered the thoracic cavity. The following day there was pneumothorax. Four days later the puncture again became indicated, and about four pints of fetid pus were withdrawn. The patient died a few days afterwards. At the autopsy the lung was found firmly bound down by false membranes. The pleural cavity contained about three pints of fetid pus. Slight traces of peritonitis were found in the abdomen, and an abscess of the large ligaments.

M. Trousseau remarks that the second case, one of intense puerperal fever, with a purulent diathesis, was of so unfavorable a nature as not to give paracentesis a fair trial. In the first case the operation gave immediate relief, and was followed by nearly immediate recovery. He thinks it of great importance to keep the air out of the pleura in order to prevent the decomposition of the pus, and considers that the state of his second patient was aggravated by the omission of this precaution. In addition to the instantaneous relief produced by the subtraction of so large a quantity of fluid, M. Trousseau says that great benefit is experienced from the air, which immediately rushes down into the bronchi, breaking the adhesions which bind the lung down.—[Journal de Medicine, from the South. Med. Surg. Jour.

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Art. 6. *Blister over the eye.*—For the last five or six years, I have but seldom employed this remedy, so that some persons have concluded that I considered it useless, if not injurious. This opinion is, however, erroneous: it was not on that account that I abandoned its use, but because I discovered that the development of keratitis and iritis was effectually put a stop to, when mercury was administered so as to produce salivation. But, employed in the manner I recommend, blisters are not much liked by the patient, and even some practitioners dread their action; this is easily conceived, especially with the former; and, as another means, presented itself, which seemed less dangerous, it was naturally preferred; yet, notwithstanding, experience has proved to me, beyond a doubt, that this means may sometimes be useful, and, therefore, ought to be known. The diseases in which it appears to produce the most beneficial results are: keratitis ulcerosa, iritis, and *non*-purulent phlegmasiæ of the eye; whilst in acute and chronic conjunctivitis, if not injurious, it is at least useless. Some years ago, I published a memoir on this subject, in which I gave several cases illustrative of the rapidity with which the cornea healed, under the influence of this remedy (v. *Journal des Connaissances Medico-Chirurgicales*, vol. II. p. 296, May 1835, and vol. III. p. 60, Aug. 1835, and p. 483, June, 1836,) and I continued to use it, until I became convinced of the superiority of calomel. The latter, however, is not without its inconveniences; so much so, that sometimes I almost feared having been too premature in abandoning this blister; its action may, however, as I stated in my last lecture, by proper care and attention, be kept within due bounds. To resume: both present disadvantages; but calomel is more active and efficacious in keratitis, since it arrests the disease, sometimes in the course of twenty-four hours, which cannot be obtained by a blister. The reason why practitioners were so long, ere they could decide as to the relative worth of the two methods, is easily accounted for. So long as the diseases of the eye were comprised under one generic term, divided merely into acute and chronic, it was impossible to ascertain whether such or such a remedy, announced as efficacious, was so in reality; for substances employed in conjunctivitis, and there announced as heroic, failed completely in keratitis and iritis. The natural result of this, was, the absolute impossibility of affirming that any remedial agent was to be relied on in inflammations of the eye. As soon, therefore, as I began to establish a distinction between these diseases, I found it necessary to try all the remedies recommended, in order to ascertain those that were most efficacious in any given disorder. It was long before I

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knew in which the blister was preferable, and the same difficulties presented themselves with the other remedies; thus, as to calomel. I gave it, for a long time, as an alterative, unsuccessfully; so that I began to think that the opinion, professed by English practitioners, was erroneous; but, by chance, salivation having been produced on several patients, and their state being ameliorated, I discovered in what affections, and in what manner, this substance acted; so that, now, nothing is clearer and more certain than its mode of action. The same remarks are applicable to the blister, as it succeeds often when all other remedies fail; thus, a young woman, lately in our wards, was greatly ameliorated under the influence of temporary blisters.

Modus Applicandi.—When you have determined to apply a blister over the eye, two circumstances must be attended to: 1st, the plaster must be made to touch every part of the skin covering the eyelids; 2d, no particle of cantharides must be permitted to enter the eye. To accomplish this, the patient must be requested to close the eye gently, so that, though shut hermetically, still no fold shall exist on the skin; this done, the parts having been previously washed, wiped dry, and finally rubbed with a bit of linen, imbibed with vinegar, the blister, from two to four inches in diameter, must be put on, and light pressure made on it, so as to mould it to the part. The excavation, thus formed, must be filled with lint or cotton, and the whole kept in place by a compress and band. The next day after removing the blister, the phlyctæna must be opened, and the epidermis removed; the part must be dressed with simple cerate, or fresh butter, and this repeated once a day, for three or four days, after which we must apply an emollient lotion, so long as increased sensibility of the part exists. Should the blister cause too intense an inflammation, an emollient cataphasm may be applied with advantage. The result is generally found to be: diminution of the pain in the eye, by its transplantation to the skin, and commencement of resolution. Care must be taken, when the blister is raised, to caution the patient against opening his eye, until the parts are quite healed; and even when this has taken place, it is performed with some difficulty, on account of the stiffness of the lids. In some cases, the cure is complete when the blister has dried up; whilst, in others, a second or third application, and a collyrium, are requisite to attain this end.

As to the danger attendant on this method, and the inconveniences it may give rise to, such as pain and cicatrices, a few words will

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convince you how groundless they are. *Danger;* I have never seen the blister, applied in the manner just recommended, produce the least accident; it is true the disease may continue to develop itself, in spite of the remedy: for instance, in purulent inflammation, and hypopium; but, even here, nothing can be attributed to the blister; as to keratitis, I never remarked anything which could make me regret having employed it in this. *Pain;* the blister often removes the pain, in less time than one would imagine; thus when a phlegmon is covered with a blister, the patients experience considerable relief a few hours after. Often, have I ordered, at the bedside of a person affected with an intense phlegmon, an emollient plaster, which I changed, without his knowledge, for a large blister, and, on my succeeding visit, I was told that the pain has considerably decreased since the plaster was applied. *Fear of a Cicatrix;* this is not more grounded than the foregoing; I have never seen a patient on whom this took place; in general after a fortnight, the spot offers a roseate tint, which soon disappears; besides which, it is well known that, when suppuration does not take place, no traces ever remain, because the epidermis alone is removed, and is promptly renewed.—[Medical Times, Oct., 1844, p. 79.

MATERIA MEDICA AND PHARMACY.

ART. 7. *'Contributions to our Indigenous Materia Medica:' by* L. P. BROCKETT, M.D., of Georgetown, Ky.

In the article or articles which may appear in the Lancet, under the above title, it has not been the object of the writer to follow any system of classification, or to present any new therapeutical doctrines; but simply to call the attention of his brethren in the profession to remedies, the growth of our own soil, whose medical virtues he has himself tested; and if, by his humble *contributions* to this interesting department of medical science, he may be the means of adding to the available weapons of combat with disease, or of calling forth other and abler pens, to the elucidation of the properties of our Indigenous plants, he will feel that his labor has not been wholly in vain.

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The first plant to which he would call the attention of the Profession, is, the

TRILLIUM.

It is thus described by Eaton and Wright:

TRILLIUM. Class 6; order 3. *Hexandria Trigynia*. Natural order (of Jussieu) 12, *Asparagi*. Sub-order, *Smilacea*.

Calyx 3 sepalled, inferior, spreading; Corol 3 petalled; style O., stigmas 3, berry 3 celled, many seeded. Grows in woodland, and generally prefers the *side* of a hill.

It is known by the common names; nodding, and false wake robin, beth or birth root, Indian balm, cough root, rattle-snake root, ground lily, &c.

I am not aware that there is any material difference in the medical properties of the different species of this plant. I have used the *pendulum*, the *erectum*, the *cernuum*, the *sessile*, and the *purpurcum*, with equally beneficial effects, so far as I could judge.

Sensible and Medical properties of the Trillium. The root, which is the only part of the plant used, is somewhat acrid, leaving, when chewed, an impression upon the fauces not unlike that produced by the aroideal (wild turnip, etc.); this acrimony is quite persistent. In large doses, as two or three teaspoonsful of the pulverized root, it is emetic, expectorant, diuretic, and slightly laxative. In smaller doses, it possesses greater power of controlling hemorrhages, than any other single article with which I am acquainted.

Although it has been long used in domestic practice, and, as its name of *birth root* would seem to imply, employed by midwives to check flooding after parturition; yet the credit of having directed the attention of the Profession to the Trillium, is due, it is believed, to the late eminent Professor of Surgery in the Medical Department of Yale College, Dr. Nathan Smith. I am not aware that Dr. S. ever published any account of the plant, but he uniformly recommended it in the strongest terms to his pupils.

It is in the irritative and adynamic or passive forms of hemorrhage, that the Trillium appears to be most beneficial. When the pulse is quick, sharp, jerking, and thread-like, or feeble and compressible, with copious hemorrhage, whether from the lungs, stomach, bowels, or uterus, it may always be given with beneficial effect. In cases of active hemorrhage, accompanied by a high bounding pulse, venesection, or depletion, in some form, should be premised.

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I have myself used the Trillium in haemoptysis, in haematemesis, and in leucorrhea, and in my hands it has never failed of success; although, in a number of instances, the acetate of zinc, and ergot, had all proved unavailing in arresting the hemmorrhage.

The dose is from a half teaspoonful to a teaspoonful of the pulverized root, either taken in substance, or infused in boiling water. The dose to be repeated, as circumstances require.

I ought, perhaps, to mention that the Trillium is used, to some extent, in the Eastern States, in domestic practice, as a remedy in asthma.

Nov. 15, 1844.

THE HELIANTHEMUM CANADENSE.

By the older Botanical writers this is called *cistus canadensis*. Eaton and Wright thus describe it: "*Helianthemum canadense*, class 12. Polyandria, ord. 1, monogynia; Nat. ord. cisti; flower yellow; blossoms in May or June; without stipules, erect: leaves alternate, erect, linear-lanceolate, flat; tomentose beneath; racemes terminal, few flowered; divisions of the calyx broad-ovate, acuminate; capsules shorter than the calyx, 6—14 inches high. The common names by which it is known are Rock rose, Frost plant, and Frost weed. The latter names it derives from the fact, that in the winter it sends out from near the roots broad thin curved icy crystals daily. In appearance it very much resembles the garden hyssop. Its flower is so much like that of the Ranunculus or buttercup as to be distinguished from it with difficulty. Its stem is woody and perennial. It is so small and obscure as not to be easily or readily recognized, except when in blossom. I am not aware that it has been noticed as a native of any state west of the Alleghanies, but presume that it may be found in Ohio. It grows usually in light sandy soil by the wayside, and often seeks the same localities with the mongiesia or heath.

For use the plant should be gathered about the time of flowering, and carefully dried.

Sensible and medical properties. The taste of the Helianthemum is rather pleasant than otherwise, and somewhat aromatic. It possesses deobstruent or alterative properties of a very high order.

I believe the honor of introducing it to the notice of the profession is due to that eminent physician and zealous botanist, Dr. Eli Ives, professor of the theory and practice of medicine at Yale college. Dr. I. has used it for many years, as an efficient remedy in the

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treatment of *scrofula* and cutaneous affections of a scrofulous character, and in his hands it has done wonders. Dr. I. entertains the opinion that it contains an alkaloid to which its virtues are owing; but although several attempts have been made, it is believed no one has as yet succeeded in isolating it. The writer has not had an opportunity of trying this remedy in more than 12 or 15 cases, owing to the difficulty of obtaining it in the section of country in which he has practiced—but those cases have fully confirmed the favorable opinion of its powers expressed by Professor Ives. In a case of scrofula, affecting the glands of the neck, which had proceeded to suppuration, and discharged very large quantities of curdy, ill-conditioned pus, the patient being of a strongly marked scrofulous diathesis, and both his parents having died of consumption, the decoction of the Helianthemum, used instead of tea and coffee, effected a complete cure in six weeks. In a case of eczema of twelve months standing, in a child of decidedly scrofulous habits, which had resisted almost every kind of treatment; and which had covered the face and neck with one entire scab, like a mask, the constant use of the decoction of Helianthemum for some two months, without any other medicine, except a mucilaginous wash, made of the pith of the twigs of Laurus sassafras, produced a perfect cure, and in a period of two years, there has been no return of the disease.

The usual mode of administering the remedy is in the form of a strong decoction of the leaves and stalks given in the dose of one or two teacupsfull three or four times a day. The powdered leaves may also be given in substance, in the dose of one or two teaspoonsful three or four times a day.

THE LEONURUS CARDIACA,

Described by Eaton and Wright as follows: *Leonurus cardiaca*, Class xiii. Didynamia; order 1; gymnospermia; nat. ord. labiatae; motherwort; flower, whitish red; blossoms in July; perennial; leaves 3-lobed, toothed; bases wedge-form; calyx prickly; less than the corol. Naturalized, 2—4 feet high.

The plant is, I presume, too well known to require further description. It has long been used in domestic practice, and I only introduce it here to call the attention of the profession to its nervine and emmenagogue powers. As a nervine in those cases of excessive nervous irritability, and morbid sleeplessness, which sometimes annoy and harrass the practitioner, and are so distressing to the patient,

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I am persuaded that it has no superior, and but few equals. I have been in the habit of employing an extract of Leonurus, made from the inspissated juice, with the most delightful results in these cases. The eyes that for weeks had not felt slumber pressing on their lids, were soon closed under its genial influence in calm and quiet repose. The irritable nerves were soothed, and the patient felt, that new life was imparted to his exhausted and enfeebled frame.

In the distressing nervous toothache which is occasionally so annoying in the latter period of gestation, the Leonurus is also a valuable remedy. But its chief value is, as an emmenagogue in those cases where derangement of the nervous system is a cause of the existing amenorrhea or dysmenorrhea. I do not believe that it exerts any direct or specific action upon the uterus; but it most certainly removes that irritability of the nervous system, which prevents the uterus from taking on its appropriate action. I have seen its salutary effect in these cases so frequently, that I have come to consider it almost indispensable in their treatment.

The inspissated juice, which is the best form for its administration, may be given in doses of from 2 to 5 grains, twice or three times per day, according to the urgency of the case. If given in the form of decoction, a teaspoonful may be taken before going to bed.

It does not appear to possess *narcotic* powers. I have myself taken it in large doses; and although I have slept profoundly under its operation, yet I have never experienced any thing like narcotism resulting from its administration.

Georgetown, Feb. 5, 1845.

Art. 8.—*On the employment of Castor seeds.*—Castor oil, says M. Soubeiran, is less purgative than the seeds which furnish it. This is because the oil which flows out in the press contains, comparatively, less resin than remains in the residue. M. Mialhe relates various therapeutical results obtained by means of an emulsion, prepared with fresh seeds of castor, which entirely confirmed this opinion; for, with ten grammes of seeds deprived of their shells, there was an emeto-cathartic effect, which continued for three days, neither opiates cold gaseous drinks, nor cataplasms being able to subdue it. An emulsion prepared with six grammes produced twenty-eight vomitings, and eighteen alvine evacuations. Finally, with a

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third emulsion, containing one grain of castor seeds, the emeto-cathartic effect was still very powerful. From these facts M. Mialhe concludes: 1st. That the oleoresinous principle found by M. Soubeiran in castor seeds exists only in very small proportion in the oil of these seeds, whilst the whole of it was found in their emulsion. 2nd. That French castor contains a large proportion of the acrid emeto-cathartic principle belonging to a great number of plants of the *Euphorbiaceæ*. 3rd. That the emulsion of castor seeds prepared with only twenty, thirty or fifty centigrammes of these seeds, constitutes, perhaps, the most agreeable purgative of all those at present in use (if, however, the vomitive effect of this emulsion completely ceases when the dose of seed is suitably diminished.) Although this latter peculiarity has not yet been proved by clinical observation, it is probable that it is the case; for it is almost certain that the active principle of castor is analogous to, if not identical with, that of croton oil. Now, it is known that this latter oil, which is a simple purgative in the dose of one drop, becomes emeto-cathartic when this small dose is exceeded.—[Bullitin de Therapeutique.

ART. 9.—*On the dosing of Iodide of Potassium.* By A. DUVILLE. (Letter to M. Chevallier.)

Six months ago I was witness of a fact which proves the high dose in which iodide of potassium may be employed.

If this note appears to you at all interesting to the practice of pharmacy, I beg you to communicate it to the Society (of Pharmacy) of which I have the honor to be one of the corresponding members, and to cause it to be inserted in the *Journal* which it publishes with so much impartiality.

Towards the end of 1843, I was charged with preparing, for a patient attacked with a venereal bubo in the left groin, an ointment thus composed:—

Iodide of potassium - - - - - - - - - -	16
Lard - - - - - - - - - - - - - - -	30

This ointment was made according to the codex, bruised on porphyry. It was to be employed in frictions, three times a day, and at the same time the patient had to swallow, also three times a day, lumps of the size of a nut of an antiblenorrhagic opiate, composed of balsam of copaiba, cubebs and caustic magnesia (to solidify the copaiba.)

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By a mistake which might have been fatal to him, but which will easily be understood, when it is known that the patient was compelled, for certain reasons, to follow up the above treatment secretly, the first friction having to be made at night, he did it in the dark, and used for this purpose the astringent opiate; immediately after he swallowed (I know not how he could have done it) a lump of the ointment prescribed of the size of a muscovado nut. He continued the same mode of treatment, and always in the same error, until the two pots were finished. In this case he did as many patients do, who, in such cases, often exceed the limits of the prescription, in the hope of being more speedily cured, and took the whole in 48 hours (46 grammes of ointment, and 64 of astringent opiate employed in frictions.)

Great was my surprise when, after the error noticed, he told me that the bubo had changed its place, and that it was now situated in the middle of the thigh.

I leave physicians to decide whether this is possible, and whether the patient was really affected with a syphilitic bubo, or with a gland of quite another nature.

The fact is, that a new quantity of the ointment, made in the same proportions, but employed this time as it should have been in the first instance, caused this singular tumour to disappear in a few days. When I saw it in the middle of the thigh, it rolled under the pressure of the fingers. He assured me that he had not perceived any pain in the epigastrium, nor in other parts of the digestive tubes only he must have had a great desire to be cured, to *masticate*, in some measure, this fat, for which he has since retained a horrible disgust. The opiate, on its part, had caused him to suffer much by producing the effect of a vesicatory incessantly irritated by rubbing with a cloth, in the angle of the abdomen and the commencement of the thigh.

To sum up: Can 16 grammes of pure iodide of potassium be absorbed by an adult in forty-eight hours, without any accident resulting? This is not my opinion. Then, in this case, however exceptional was not the fatty body employed in the preparation of the ointment opposed to the entire absorption of the iodide? Did it not form with the gastric juice an emulsion which would pass intact into the chyliferous vessels? Finally, was the deleterious action of the medicine averted by a particular cause? . . .

It is for physicians to solve the question already so often put,

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whether iodide of potassium may be employed in very large doses without danger.*

In therapeutics, this medicine is very valuable, and it would be desirable to fix the quantity in which it may be employed.—[Jour. de Chimie and Chemist.

ART. 10. *Camphor a preservative of Ergot of Rye.*—Sir: I was not a little surprised to read some remarks by Mr. Rawle, stating that he had discovered camphor to be a preservative of ergot of rye. I can only say that I have been in the habit of using it for the last nine or ten years, but not exactly in the manner prescribed by him. I order the camphor to be *mixed* with the powdered ergot, in the proportion of a grain in every scruple. By this means I think the camphor is more intimately diffused throughout the whole than can possibly take place by the plan proposed by Mr. Rawle. I do not give this as a new, or, indeed, my own discovery; for I adopted the method by having seen it in the practice of Mr. Spurgin, an old practitioner at Saffron Walden, and from whom I have every reason to believe that your correspondent also obtained the same information, he having been engaged in the same gentleman's practice.

If you think the above worthy of notice, you will oblige, sir, yours respectfully.—[London Lancet.

ART. 11. *Simple method of preparing the Pilula Ferri Iodidi.*—Take of iodine 127 grains, iron wire, about the thickness of a thin quill, half an ounce, distilled water 75 minims. Agitate them briskly together in a strong ounce-phial, provided with a well fitted glass stopper, until the froth which forms becomes white, which will happen in less than ten minutes. Pour the liquid upon two drams of finely powdered loaf sugar, in a little mortar, and triturate immediately and briskly for a few minutes; add gradually a mixture of the following powders, viz: liquorice powder half an ounce, powder of gum arabic a dram and a half, and flour one dram. Divide the mass into 144 pills.

Each pill contains about a grain of iodide of iron.

In operations on the large scale, the bottle ought to be wrapped in a

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* M. Trousseau carries the dose of iodide of potassium to from 1 to 3 grammes per day. [The gramme is about 15½ grains English.]

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strong towel, in case of an explosion being caused by the evolution of steam from the heat produced; and even on the small scale, the stopper must be held firmly, otherwise it will probably be blown out and the materials lost.—[Pharmaceutical Journal. Medico-Chirurgical Review.

Dupuytren's Eye Salve.—Red oxide of mercury, six grains; sulphate of zinc ten grains; lard, one ounce. Mix.

Hydrated Peroxide of Iron (an antidote for Arsenic.)—Sulphate of iron, one thousand parts; sulphuric acid (sp. gr. 1·847), two hundred parts; water, four thousand parts; nitric q. s. Dissolve the sulphate in the water, the sulphuric acid, and heat the mixture to ebullition; then add the nitric acid until all effervescence has ceased, and red fumes are no longer produced on the addition of more acid; let it cool, and add twenty or thirty times its weight of water, then precipitate the iron by adding ammonia in excess; wash the gelatinous precipitate until the water ceases to render barytes water turbid; dry, and preserve it in the gelatinous state.

Hydrochlorate of Morphiate.—Opium (cut small,) one pound; crystallised chloride of lead, two ounces; animal charcoal, four ounces; hydrochloric acid and ammonia, a sufficient quantity. Macerate the opium in three pints of distilled water twelve hours; then pound it and macerate with agitation for twelve hours more; then strain and pour one pint of fresh water on the remainder, and repeat the operation with a second and third pint, or until the water becomes tasteless. Mix the several liquors and evaporate to the consistence of a syrup; then add three pints of distilled water, and filter; to this add gradually the chloride of lead, previously dissolved in two quarts of boiling water, until it produces no further precipitation. Pour off the liquor and wash the residue in distilled water; mix the liquids together, evaporate and chrystalize. Wipe the chrystals with a cloth, then dissolve them in a pint of warm distilled water, with two ounces of the charcoal, filter, evaporate with a gentle heat, and set it aside to chrystalize. Precipitate the remainder of the morphia left in the liquor with the ammonia, wash the precipitate, then add sufficient hydrochloric acid to saturate. Digest with the remainder of the charcoal, and proceed as before.

Hemmet's Tooth Powder.—Prepared chalk, twenty parts; carbonate of magnesia, twenty parts; cream of tartar, four parts; orris powder, three parts. Reduce to fine powder and sift through lawn.

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THE WESTERN LANCET.

CINCINNATI, FEBRUARY, 1845.

Introductory Lectures.—We have received the following introductory lectures: Prof. Drake's introductory lecture, on the intellectual improvement of the medical profession. Lecture introductory to the course of Materia Medica and Pharmacy in the medical department of Pennsylvania college, by Henry S. Patterson, M. D. The reciprocal duties and obligations of the medical profession and the public: a public introductory lecture at the Rush Medical College, by Austin Flint, M. D.

These lectures are all creditable to their authors; and as the several subjects possess great interest to the profession, they should be extensively read. We have not space in the present number to copy from the above lectures, but in our next number we will present our readers with some interesting extracts.

Regulations of the Evansville Medical Society.—We always hail with pleasure the formation of medical societies. It evinces on the part of those engaged in these laudable efforts, a desire to improve their profession while it is being made subservient to the purposes of support. We have looked with great interest to the formation and progress of a number of societies through the country, and we cannot be mistaken in the opinion, that, when properly conducted, they *always* advance the respectability and interests of the profession; and not only are those immediately concerned the recipients of benefits flowing from associated action, but they reflect credit upon the whole profession.

The Evansville (Indiana) Medical Society adopted, on the 4th of January, 1845, a constitution, by-laws, code of medical ethics, and a scale of charges. The following officers were elected: William Traf-

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ton, *President;* D. S. Lane, *Vice President;* G. B. Walker, *Secretary;* W. H. Stockwell, *Treasurer;* C. S. Weever, M. J. Bray, and F. Muhlhauser, *Censors.*

To the profession, where societies do not exist, we would say *go and do likewise.* We invite our friends of the Evansville society to furnish to us their proceedings and papers for publication.

Summer Lectures in Transylvania University.—The Medical Faculty of this institution will give a course of lectures, during the College recess, on the various branches that are taught in the winter session; to commence on the first Monday in April, and to extend through October, allowing the months of July and August for a recess. Special attention will be given to practical anatomy. It is well known that students are so much oppressed with duties during the regular winter session, that but little time is left for practical anatomy. To obviate these difficulties, dissections will be conducted during the spring and autumn, and it is confidently believed that the interests of students will be greatly advanced by this course. Arrangements have also been made for *clinical lectures* at the hospital, during the summer and winter. The institution furnishes a variety of disease amply sufficient for clinical purposes. We invite students to avail themselves of the advantages here offered. Those who prefer it can attend either the spring or fall term separately.

The Southern Medical and Surgical Journal.—The above journal has been recently revived under the auspices of the Augusta Medical College. It is edited by Profs. Paul F. Eve and I. P. Garvin. The Journal is very neat in its appearance, is conducted with ability and cannot but be useful to the profession. The establishment of every new medical journal is an additional means of enlightening the profession. We have known many physicians engaged in extensive practice, who received no medical periodical and were of necessity ignorant of the current literature of the profession. We wish the Southern Medical and Surgical Journal the success it evidently deserves.

The Medical Examiner.—This journal, edited by Prof. Huston, of the Jefferson Medical College has been greatly enlarged and improved. It will hereafter be published in monthly numbers of seventy-two pages

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each. The Examiner is one of the best medical journals of our country, and deserves, as it no doubt will receive, the patronage of the profession.

The American Journal of Insanity.—This valuable and interesting journal is under the immediate control of the officers of the New York State Lunatic Asylum, Utica. Dr. Brigham, the principal editor, is well known for his devotion to the cause of the insane, and from his acknowledged abilities, the Journal may be expected to maintain its interest.

The various important subjects connected with the insane—proper buildings for their accommodation, the pathology of insanity, the peculiarities of its different modifications, and the appropriate medical, physical and moral treatment, are topics of the greatest moment to the physician. Too much ignorance prevails upon these subjects in general; and that the profession owes it to themselves and to the public to devote more attention to the general subject of insanity, cannot for a moment be questioned. We commend this Journal to the profession as one every way worthy of their patronage.

The Rotary Magnetic Machine.—H. H. Sherwood, M. D., of New York, advertises a magnetic machine, constructed upon principles somewhat different from those commonly employed. The inventor names it "The Savage Rotary Magnetic Machine." He says,

"The motions of the forces from these machines are continuous, and the shocks of the old clumsy shocking machines, always disagreeable and often injurious, are avoided. They have more power, and are *much* more portable than any others made in this country, and their prompt and salutary effects in disease, both acute and chronic, are such as to render them indispensable to every physician, and also in many private families, as well as for ships and other vessels."

It is well known that Dr. Sherwood is one of the most prominent *animal* magnetic apostles of the country; but whether the present "*savage*" machine is designed as a substitute for the *animal* power is not yet made known. When Mesmer first began his tricks, he attributed the influence to the stars, and hence the title of his book, "*De Planetareum Influxu.*" At a later period, he employed a rude machine for the purpose of imparting the magnetic influence; but as the *science* became gradually expanded, he ultimately learned the important secrets

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of *animal* magnetism, and repudiated the mineral magnet. It may be that Dr. Sherwood is retrogading, and that he will end where Mesmer began. We think it not improbable, however, from the description given, that the machine constructed by Dr. Sherwood may prove useful and convenient for imparting the electrical fluid to the system in cases of disease. The price ranges from fifteen to twenty dollars.

Cincinnati Summer School of Medicine.—The fourth course of lectures will commence in this institution on the first Monday in April, and terminate about the last of July. A fall course will be delivered by the same lecturers during October. The following are the lecturers for the present course: John P. Harrison, M. D., *Institutes of Medicine;* Charles Woodward, M. D., *Theory and Practice of Medicine;* Wm. Threlkeld, M. D., *Obstetrics and diseases of women and children;* J. P. Judkins, M. D., *Anatomy and Surgery;* E. S. Williams, M. D., *Materia Media and diseases of the chest;* Geo. Mendenhall, M. D., *Chemistry, Pharmacy and Toxicology.*

Died, in Cincinnati, Feb. 9th, 1845, Robert Moorhead, M. D., aged 51 years and 3 months. Dr. M. was at one period a Surgeon in the British Army, and for many years preceding his death, a practioner of this city.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, MARCH, 1845. No. 11.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Anomalous Nervous Affections.* BY L. P. BROCKETT, M. D., *of Georgetown, Kentucky.*

On a subject which is at the present time exciting so much interest with pathologists and the profession generally, as the functions of the brain and nervous system, it seems to be the duty of every member of the profession to bring forward any facts which may be in his possession that are calculated to elucidate a subject so abstruse and at the same time so interesting.

Actuated by this feeling, the writer is induced to contribute the following cases which occurred in his own practice, to the pages of the Lancet.

Case 1. Miss N. M. æt 40, of small frame, nervous temperament, without hereditary predisposition to disease—about 12 years since was attacked with Diabetes, (Mellitus, probably,) was reduced very low, and suffered intensely for nearly a year; her attending physician almost despaired of her recovery—at length she began to convalesce slowly—does not know what medicines were used in the treatment of her case. During her convalescense her mind was very much exercised on religious subjects, and one evening being under extraordinary excitement in a religious meeting, she felt strongly disposed to arise and express her feelings to the congregation; her natural diffidence led her to repress this feeling, and she accordingly kept her seat, but before the close of the services, she found herself involuntarily bowing her head and bust

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forward constantly. She attempted to control and overcome this motion by a strong effort of the will, but in vain; it continued till the close of the meeting. Since that time, a period of some ten or eleven years, whenever she attends religious worship, and becomes at all interested in the exercises, she is attacked by the spasmodic affection. If an acquaintance catches her eye, and calls to mind some remark or subject which diverts her attention for a moment, the spasm ceases, but recurs again the moment her thoughts are recalled to the religious exercises. I have repeatedly seen the spasms so violent as to shake the seat in which she was sitting, and am told by her relatives that frequently she has been thrown backward with such force as to produce extensive bruises and discoloration over the scapulæ. Strange as it may seem, this spasmodic affection occurs under no other circumstances than those already detailed. Mental excitement on other subjects seems to produce no effect on her nervous system. She is too modest and diffident to give any ground for the supposition that this conduct is feigned with the view of exciting attention, and has never manifested any hysterical symptoms unless these are to be regarded as such.

There is no tenderness of the spine, no pain of the head, no irregularity of the menses, and only a slight tendency to constipation of the bowels. The urinary evacuation is normal, though slightly excessive in quantity. After a careful analysis of it I was unable to detect either sugar or albumen in it. Her pulse is regular and her tongue clean. She has never suffered from dyspepsia. After a thorough examination I was unable to detect any physical or rational signs of organic affection of the lungs or heart. Her appetite is good; she does not suffer from severe pain in any part of the system, but complains of a slight dull pain in the region of the right kidney.

I saw this patient in consultation with Dr. S. F. Bartlett, of Lyme, Ct., in whose practice the case occurred. After ascertaining the above facts, we prescribed the following treatment: a brisk cathartic to remove any accumulation of fæces which might produce irritation of the nervous system; rest, low diet, occasional laxatives, and entire avoidance of religious excitement. Under this course she improved considerably, but being unwilling to forego the privilege of attending religious meetings, she became highly excited, and soon relapsed into her former state. During the fall and winter of '43-4 she was so situated as to be unable to attend meetings for some months, and when she did attend was much less frequently affected by the spasms than before; after a time, however, under the influence of excitement, they again returned, and in

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October, 1844, when I last saw her, she was also laboring under strongly marked symptoms of dropsy of the pericardium.

I wish, here, Mr. Editor, to propose a few queries which I should be pleased to have solved, either by yourself or some of your correspondents. 1st, Was the disease in this case, in the brain? 2d, If so, does it indicate the existence of an organ of Veneration? (I should have remarked that the upper portion of the os frontis was particularly prominent.) 3d, Would local applications to this point have been advisable? 4th, To what class of the Neurosis should this case be assigned? 5th, Should any of the narcotics have been proscribed?

Case II. L. B., æt 31. Some two or three months previous to his birth, his mother received a severe fright from the attack of an enraged cow upon her husband. It was several days ere she recovered from the effects of this fright. The labor, which ensued somewhat prematurely, was not more difficult than ordinary; the child was apparently healthy, but during the first fortnight after birth, it had frequent convulsions. After this period these ceased, and every few moments it would be attacked with a spasm, in which it would spring up, jerk its head forward and make a singular noise, which the friends thought bore a strong resemblance to that made by the cow which affrighted the mother—this, of course, was all fancy. As the boy grew up, the spasms continued, and when attacked by them he would repeat whatever words he was using at the time, with the addition of a few expletives, not usually of the choicest kind, leaping up at the same time some two or three feet from the ground, and making the oddest possible grimaces. If not speaking, when attacked by the spasm, he would call out the name of any individual who was passing or any other name which happened to occur to him.

This affection has continued to the present time, with but little variation. At the age of eleven years he received a very severe blow upon the head, but without fracturing the cranium, according to the statement of Dr. N. S. Perkins, of New London, Ct., who saw him at the time. At the age of 22 or 24 years he went on a whaling voyage, as a common seaman. On this voyage the Captain, who was a very cruel and ignorant man, having formed the opinion that the spasms were feigned, whipped him very severely, and rolled him in a cask across the ship's deck repeatedly, in order, as he said, to break him of the trick. This harsh treatment only rendered the fits more violent and frequent.

He was at one period quite intemperate, and while under the influence of alcoholic stimulants, the nervous affection was more severe than at other times. He is now perfectly temperate, so far as the use of alco-

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self is concerned, but is addicted to the immoderate use of tobacco. The spasms occur at irregular intervals, usually from 5 to 15 minutes apart. They occur as often during sleep as when awake, but are not so violent. He seems to possess the ability to induce them at pleasure, but not to control them, or to prevent their approach.

In intellect, though his mind is uncultivated, he seems to be many removes from idiocy, and perhaps but for this unfortunate nervous affection might be regarded as nearly on a level with the generality of the people of the laboring classes, in mental capacity. He reads well, and reasons correctly on what he reads or hears. His memory is extraordinary, and his powers of calculation by no means inconsiderable. He prefers being on the water, to business which confines him to the land; says he feels better when at sea, but no perceptible difference is noticeable in the frequency or violence of his spasms, in either condition. His strength is very great, few men of the same weight possessing more. The spasms do not seem to impair his health in the least. Mental excitement of any kind does not, so far as could be ascertained, either increase or diminish them. No treatment has been attempted, and probably none would be of any service.

Queries. Where is the disease located in this case? Is it a case of Chorea, Hysteria, or Epilepsy, or neither? Does the immediate use of Tobacco, probably, increase the difficulty?

Georgetown, Kentucky, Feb. 5, 1845.

Art. 2.—*Endermic use of Tobacco.* By Wm. Beck Diver, M. D., of Cincinnati.

The use of Tobacco as a remedial agent has received less attention from the profession than it deserves. Its powerful agency has been satisfactorily tested in cases of strangulated hernia, ileus, and spasmodic stricture of the urethra; but the dangerous consequences which have been reported as resulting from its use in the usual form by the mouth and by the rectum, induced me some years ago to try it endermically; and the results which were entirely satisfactory, were published in Lancet, Vol. II, page 420.

Subsequent trials of this powerful antispasmodic lead me to repose still greater confidence in it, and induce me strongly to recommend it in cases where the ordinary remedies of this class fail or are inadmissible.

The following case will illustrate the advantages of this method in tetanic rigidity of the muscles.

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W. H., of St. Charles, Mo., received, about seven years ago, a wound from an adze, which completely divided the rectus femoris muscle immediately above the patella. In order to procure healing by "the first intention," his physician, very properly, placed the limb in the extended position; his object was attained, but subsequent inflammation and deposition in the knee joint produced anchylosis, and the most unyielding rigidity of the limb. Up to the time, June, 1844, when the patient was submitted to my care, he had traveled about with great difficulty, and derived no advantage from medical treatment. He was extremely anxious to regain, if possible, the use of his knee joint, and therefore cheerfully submitted to an operation for this purpose. In the presence of several physicians of this city, I divided the rectus femoris transversely in nearly the direction of the original wound; this was effected with a very small knife by a subcutaneous incision; scarcely a drop of blood was effused; the ends of the divided muscle widely retracted, and a very slight degree of flexion could be produced by the application of force. The next day, 13th June, I placed the limb in Roe's apparatus for compound fracture of the leg, and applied the screw by which a still greater degree of flexion was produced. For several weeks flexion and extension were kept up, until a good degree of motion was established in the knee joint. Beyond a certain point, however, the antagonist muscles refused to yield, and upon applying a greater degree of force with the screw, a severe tetanic rigidity was set up in the extensors which threatened to frustrate our object. To relieve this I directed the patient, who was unaccustomed to the use of Tobacco, to smoke freely the strongest that could be procured. While under the influence of this form of the remedy, the muscles became relaxed, and a still further flexion of the knee was effected. The following ointment was rubbed into the groins and over the knee:

℞. Iodine, grs. xij.
Potassæ Hydriod. ℈iv.
Oleum Nicotianæ, g℔ L
Adeps Preparat. ℥ij Misce.

Under a persevering use of this formula, and continual application of the screw producing flexion and extension, I succeeded in reducing the tetanic rigidity of the muscles and tendons; the motion of the joint was in a good degree restored, and the patient enabled to ride on horseback with perfect satisfaction. His health being slightly impaired by the confinement necessary, he was advised to visit Kentucky, where he rode and walked with more ease and pleasure than he had enjoyed for several years before.

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I have succeeded in relieving violent cerebral and gastric irritation by the powerful antiphlogistic properties of this agent; and the results of my experience in the endermic use of Tobacco are such as to lead me to prefer it in cases where antiphlogistic means are requisite, but where the vital powers are too much depressed to admit of venesection, or the internal use of antimonials. The application of Tobacco cataplasm to the epigastrium has removed violent colic resulting from spasmodic stricture of a portion of the intestinal tube, and copious evacuations have been produced by the same method where the ordinary purgatives were inadmissible or when delay was dangerous. A great advantage in this method is that the remedy is more immediately under the control of the practitioner than when administered internally.

Art. 3.—*On the Pathology of Fever, &c.* By Robert Willis, M. D.

[Dr. Willis advances opinions respecting the cause of fever, which, if correct, seem to overturn all our preconceived notions of it—especially with reference to its origin in those localities where we suppose marsh miasma and malaria to exist. He asserts, in fact, that *marsh miasma* and *malaria* are nothing more than *moist warm air;* and brings forward forcible arguments and facts to prove the correctness of this assertion. He reminds us of the observation of Fourcoult, that an animal, healthy and uninjured, very soon dies if its body be covered with an impervious glaze. "Becquerel and Breschet, repeating the experiment of M. Fourcault, discovered that the extinction of life under the circumstances indicated was accompanied by a signal fall of temperature; the animal, whose body was indued with an impervious glaze, began to lose heat on the instant, and the loss never ceased until life had fled, when the temperature of the internal as well as external parts of the body was found to be within 3o cent. of that of the external atmosphere, which, on the day of the experiment, indicated 17o c." None of these gentlemen have offered any other explanation of this phenomenon than the old one, that the office of the cutaneous exhalation, as a means of refrigerating the body, was gone.]

It is only when the function of the skin comes to be regarded as so intimately connected with vital manifestations, as it unquestionably is, that we are enabled to understand wherefore such serious consequences should follow its derangements. Suppressions of the cutaneous exhalation under the agency of cold, is the acknowledged cause of the greater number of the diseases to which the inhabitants of temperate countries

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the subject. But we have no satisfactory explanation of the way in which cold exerts its pernicious influence, or of the manner in which consequences are here linked with their presumed causes. Without entering into the explanations that have been given of this matter, I shall merely say that in my mode of considering it, he who has suffered a *chill* has had the secreting faculty of his skin deranged or suppressed, and physiologically speaking is brought into the same condition as he would were his body more or less perfectly covered with an impervious varnish. A process indispensable to the continuance of vital action has been interfered with, and disturbance of the general health, commensurate in amount with that of the particular functional disturbance mentioned, forthwith ensues. The injury mentioned in this instance may possibly partake in its essence of the nature of inflammation. When we have the web of a frog's foot under the microscope, and prick the part with a fine needle, instantly all movement around the injured part is arrested: the blood stagnates in its channels, which dilate visibly, and by and by the several blood-corpuscles run together and form aggregated masses. The explanation of this that has been suggested is simple and satisfactory: the local injury impresses the precipient centres in a way which incapacitates them from transmitting the usual stimulus upon which depends the tone of the living tissues: these are consequently paralyzed, upon which follows stasis of the blood in the blood-vessels, and all the consequent phenomena of inflammation. But the influence of cold extensively applied to the cutaneous surface is probably little different from that of the other stimuli acknowledged by the efficient causes of inflammation. The effect on the peripheral nerves has a paralyzing influence upon the excitomotory system for its consequence, and connected with this are suspended functions and more local or more general derangement—in a word, disease. In this way can I render to my own mind a satisfactory account of the influence of cold in the production of disease, not only in all the colder and more temperate, but also in the hotter regions of the earth.

The problem of highest interest in medical science that waits for solution at the present moment is, perhaps this:—*To explain the cause of the unhealthiness of so many Tropical climates, and of alluvial and marshy countries generally, where the summer temperature is high.*

A particular specific contagion, designated *miasm* or *malaria*, it is familiarly known, has been imagined and is very commonly admitted as a means of accounting for the deadly fevers in especial which there prevail. But after a very careful study of the subject, I am bound to say that I entirely concur with those who, from their experience in

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tropical climates, have felt themselves authorised to deny the existence of any specific contagion or miasm, the product of vegetable matter in a state of decay under the combined influence of heat and moisture. As chemists, we are perfectly familiar with the products of the decomposition of vegetable substances under such circumstances, and as physiologists with the effects of the gases then evolved upon the animal economy, which certainly bear no resemblance to the phenomena of remittant and intermittant fever. According to my ideas marsh miasm and malaria are nothing more or less than *moist warm air—air, excessively moist considered in connexion with its own temperature, and the temperature of the human body.*

It is comparatively easy, as is well known, to remain for a certain time in a stove-room of a temperature considerably higher than the body, *if the air be dry.* Here there is a free elimination of watery vapour by the sudoriparous glands, and even as rapid solution of it by the parching air. The capillary arteries then exude, and the veins imbibe with great rapidity, so that the nutritive or vital acts are even performed with a kind of increased energy. They are so performed, however, only for a short time: excitement soon begets exhaustion, the body rises in temperature, and death is the necessary consequence of protracted continuance in the circumstances indicated.

The consequence is the same, but the way in which it is brought about is different when *the air of the stove-room is moist.* M. Delaroche, in his second set of experiments, in which moist instead of dry air was employed, ascertained that temperatures a degree or two centigrade short of those, or just equal to those of the animals which were the subjects of experiment, were felt as more speedily detrimental, and then fatal, than the excessively high temperatures with dry air, which he had already approved. Wherefore this should be the case will be readily understood in connection with the views which I have taken with the function of the skin.

In a hot, dry atmosphere, animals perish from the effects of excitement; in a warm, moist air, of a temperature no higher than that of their own bodies, they die as they do when covered with an impervious glaze—the conditions requisite to the access of oxidized plasma, and the removal of deoxidized plasma, are wanting, and life ceases, as a matter of course.

Now it is highly interesting to observe that the air of unhealthy intertropical climates differs little from that of a vapour-bath at between 80o and 90o Fahr. The dew-point of the atmosphere in these countries appears, in general, to be not more than four or five degrees, and fre-

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quently not more than a single degree, Fahrenheit, below the temperature of the ambient air. Were the temperature between 90o and 100o Fahr., and the dew-point in the same proportion high, man could not by his nature continue to exist for more than a very few hours. In a country having a high mean temperature, say of about 80o Fahr., and an atmosphere that is close upon the saturation with humidity, which is precisely what obtains on the western coast of Africa, to quote a single instance, man is evidently on the verge of circumstances that are even incompatible with his existence. He has but to be exposed to fatigue and the burning rays of the sun to be actually brought into such circumstances. The surrounding atmosphere cannot take up the watery vapour, which is then presented to it in large quantity by sudoriparous glands, with sufficient rapidity to meet the wants of the system, in its state of excitement, and requiring the freest access of the most thoroughly oxyginated plasma to keep up movement and life in its several constituent atoms. Great general derangement—*Fever*—ensues, and life is almost of necessity the forfeit.

I have, no doubt but that the simple excitement which follows exposure to the sun's heat, in connection with the humidity of the atmosphere, will be found to explain what has been spoken of by writers on the diseases of tropical countries under the title of *solar influence*, by which they understand a certain mysterious and maleficient power emanating from the sun, and distinct from his light and heat. With the view which has just been given of the function of the skin, all that was mysterious and unintelligible in the doctrines of malaria and solar influences disappears, or merges into what is perfectly natural and comprehensible.

The *lunar influence*, in like manner—for some have thought that there was a peculiar maleficient influence in the moon as well as the sun—will come to be nothing more than the effects of the relatively increased moisture of the air which follows the fall in the temperature of the night season; the air loses several degrees of heat, and in the same, or nearly the same proportion, it gains in degrees of moistness, growing relatively to its temperature more and more humid, it is soon in the state in which it can not only dissolve no more watery vapour, but in which it begins to deposite what is already held in solution; hence the heavy dews of unhealthy intertropical climates, and of marshy temperate countries generally, and the deleterious effects which exposure to the night air produces upon the frame of man. The rapidity with which moist air even of 68o or 70o F., abstracts heat from the body, must also be taken into the account. It is very easy to have a decided

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chill as the first element in the derangement, *i. e.*, in the fever, which is so apt to ensue under such circumstances. And then, if the remarkable fact first ascertained by that admirable observer, Dr. Davy, be added, that under fatigue the temperament of the body actually *falls*—it does not rise, as the sensations seem to indicate—it strikes me that we are no longer under the necessity of recurring to any unknown and hypothetical agent as the cause of the diseases which arise under exposure of atmospherical inclemencies, whether of heat or cold, especially when the exposure is conjoined with fatigue. On setting out on a journey in the island of Ceylon, Dr. Davy ascertained the mean temperature of his palanquin bearers to be 98.9o Fahr. under the tongue; on calling a halt at different times as he proceeded, he found it successively 98.6o and 98.9o; doubtless, had he pushed these men beyond their powers, their temperature would have fallen still lower, and in all likelihood, he would have had them down in fever. Dr. Davy himself observes, in connection with this subject, on the instances of sudden death that have occurred from drinking cold water, or from plunging into cold water after exhausting fatigue, and when the body is commonly said to be heated. Probably, in such cases, in conformity with the above observations, the temperature of the body had been actually reduced below its natural standard, and the fatal effect may be the consequence. This, in fact, was the view that was taken by Currie, who, in his reports, has collected many examples of the kind, and amongst them has quoted that interesting and impressive catastrophe which befel the army of Alexander the Great on the banks of the river Oxus, where, according to Quintus Curtius, the loss of life was actually greater than had been experienced in any single battle—the circumstances of the case were a forced march of forty-six miles, in hot weather, over a desert; excessive thirst and exhaustion, and in this state drinking large draughts of cold water.

The importance of the state of the skin in different diseases, in connection with their tendency, is well known to practitioners. What surgeon does not feel confident that his patient is going on favourably, after even the severest operation, if his skin but continue soft and velvety? and it is the same in almost all diseases.

[Hence we perceive the necessity in most febrile diseases, and especially in scarlatina, of restoring the functions of the skin.]

The means of accomplishing this are various. I have found a full emetic dose of ipecacuanha and tartrate of antimony suffice to interrupt the disposition to coma, which was effectually prevented from recurring afterwards by the ordinary diaphoretic mixture of acetate of

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ammonia and camphor julep, with fifteen or twenty minums of the antimonial wine, repeated at intervals. A case that looks threatening as the disease is acquiring its status will often be rendered manageable and even mild by this simple means. Another very important measure is the reduction of the superficial temperature. The patient should be kept covered with a sheet, and have a sponge dipped in tepid water, passed over every part of his body by the hour together, until the thermometer both in the axilla and mouth from 106o or 108 Fahr., has been brought down to 99o or 100o Fahr. This is the test that the application has been carried far enough and has been effectual. It was simply by reducing temperature and restoring the office of the skin, that the affusion of cold water, as recommended by Dr. Currie, cut short, or rather rendered safe and manageable, the acute forms of scarlatina in which he counselled it. This useful means, from its application not having been understood, has fallen into discredit with the regular practitioner. It might certainly be restored with advantage in many cases.

I am far, however, from maintaining that the means thus far indicated are the only means that would be indicated in every case of febrile disease. The first element in fever is perhaps even more commonly depression than excitement; it is pure excitement, the consequence of the inoculation of a specific morbid poison, in scarlatina; in intermittent and continued fever I believe it always to be depression; so that the means of restoring the balance would be not the farther abstraction, but the addition of stimulus.

In a conversation which I had last summer with Mr. W. F. Daniell, who had at that time had ample experience in the diseases of Western Africa, and who is at this moment prosecuting his researches in that deadly country, he informed me that his conclusions from actual observation tallied exactly with my physiological inductions as to the cause and nature of fever in intertropical countries. In a letter which he addressed to me on the 27th Sept. 1843, on the eve of his departure for Cape Coast Castle, and speaking of his purpose of publishing on the Diseases of Western Africa, he says: "I have stated the proximate cause of most African fevers to depend on *an impaired or deranged condition of the vital functions of the skin*, a definition which I imagine will be in conformity with your own views on the subject." It is always highly gratifying to find physiological inferences supported and borne out by practical observations, and I own that I look forward with much solicitude to Mr. Daniell's return to this country, and to the appearance of his work. Upon this occasion, I spoke to Mr. Daniell

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of a hot air bath as the likeliest means of cutting short a threatened attack of intermittent or remittent fever. He informed me that by directing all his attention to the state of the skin he had been eminently successful in the treatment of the African remittent. Dr. Pritchett also observed that patients in the Niger expedition did best when they were kept somewhat warmly covered: sponging with cold water and exposure, were always followed by dryness or parching of the skin, when the patients became uneasy and nervous.

Since the preceding observations were written, M. Fourcault has still farther pursued his curious researches on the influence of the cutaneous envelope of the body and its function, which all tend to confirm and extend the conclusions come to. On covering the skin of a healthy animal with an impervious glaze, M. Fourcault finds that *aluminuria* is an invariable consequence in the dog, and a very frequent one in the rabbit. But the conclusions are so curious that they deserve to be made the subject of a special notice.—[Med. Gazette, July 12, 1844, p. 482.

ART. 4.—*Scarlatina.* By Dr. TWEEDIE. [We have on several occasions alluded to the great value of the Cyclopædia of Practical Medicine; and we now reiterate that opinion, and present the following extract as evidence of its correctness.]

Scarlatina.—Syn. Morbilli Confluentes, *Morton:* Rubeola Rossalia, *Hoffmann:* Febris Scarlatina, *Sydenham:* Febris Rubra, *Heberden:* Scarlatina, *Sauvages*, *Vogel*, and *Cullen:* Purpura, *Shultz*, *Junck:* Enanthesis Rosalia, *Good:* Fiévre Rouge, Scarlatine, *Fr.:* Der Scharlachaufschlag, *Germ.:* Scarlet Fever. Scarlatina designates a contagious febrile disease, the distinguishing characters of which are, a scarlet efflorescence of the skin and of the mucous membrane of the mouth and pharynx, appearing on the second day (though often later) of a febrile disorder, and terminating about the fifth; accompanied, in the majority of instances, with inflammation of the throat, either of a phlegmonous or gangrenous character; and occasionally with tumefaction of the cervical absorbents and subcutaneous cellular membrane. Other organs become also sometimes involved in the progress of the disease, giving rise to lesions of greater or less severity. The type of the accompanying fever is various, and modifies remarkably the whole aspect of the malady. In some cases, the constitutional disturbance is so trivial as scarcely to attract notice; in others, the febrile symptoms

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are those of a strong inflammatory excitement; while in individual instances, or during the prevalence of an entire epidemic, the fever is of a low typhoid form, the local inflammation with which it is associated, partaking very much of the same character.

The origin of scarlatina is involved in great obscurity. It was evidently unknown to the ancients; no allusion to it can be discovered in the writings of Hippocrates, or in the early Greek and Roman writers; and, notwithstanding the opinion of some modern authors of the French school, that it was described about the middle of the sixteenth century, it is generally admitted that Prosper Martianus, an Italian physician, who gave a description of the disease as it prevailed in Rome about the middle of the seventeenth century, if not the first, is among the earliest writers on scarlatina. It made its appearance in London in 1689, and was described by Sydenham and afterwards by Morton, though it is evident by comparing the description given by these two writers, that they had observed different epidemics; the one described by Sydenham being a very mild disease compared with that of which Morton has given an account. From the various names, however, given to scarlatina on its first appearance, it is evident, that about the period to which we refer, the notions entertained with regard to it were vague and unsatisfactory; indeed, it was scarcely distinguished from measles, roseola, or purpura. For example, it was named by Morton *morbilli confluentes;* by Hoffmann, *rubeola rossalia;* by Heberden, *febris rubra;* and even till within a little more than half a century, both these diseases (measles and scarlatina) appear to have been considered by medical writers as the same; or at least as so closely allied, as only varieties of a common species. Morton, indeed, maintained their identity, and considered their relative connection to be nearly the same as that existing between the distinct and confluent small-pox. (De Morbillis et Scarlatina, Exercit. iii.) The description of the epidemic given by Huxham under the name malignant ulcerated sore-throat, which prevailed in the year 1734, resembles in almost every particular one form of scarlatina—that form in which the eruption is accompanied with affection of the throat. The treatise on this subject is a valuable record of the characters of this epidemic, the description being evidently taken from what he had observed in his intercourse with the sick. Dr. Fothergill also has given the history of a "sore throat attended with ulcers," which appeared in London in 1747–8, which there can be little doubt was an epidemic scarlatina; and from the remarks he has made, it is evident, that he had observed various forms of the disease, from the mildest to the more malignant. Dr. Withering published an essay on scarlet fever in 1778,

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a second edition of which appeared in 1793; to this author is due the merit of having first accurately described scarlatina as a distinct disease; since that period, various treatises have appeared both in this and other countries.

CAUSES.—Nothing satisfactory is known as to the exciting causes of scarlatina. It appears to be induced, like the other eruptive fevers, by exposure to the influence of a specific poison. Attempts have been made to induce the disease by inoculation, by inserting the thin scales, which are thrown off at the period of desquamation, under the skin of individuals who have never had scarlet fever, but hitherto without success. How far inoculation with the blood might be followed by different results is a question which can only be determined by experiment.

That scarlatina may be propagated by contagion is, we presume, admitted even by those who profess themselves sceptical on the question of contagion in general. Instances of the disease spreading in a manner which can only be explained by admitting its contagious origin are so numerous, that practitioners of the most limited observation must have had repeated opportunities of determining the question. We have known, in several instances, convalescents from scarlet fever, on their removal to a considerable distance from the situation in which they had passed through the disease, infect individuals with whom they came in immediate contact, though several weeks had elapsed from the period of desquamation. The period of invasion after exposure to sources of contagion is exceedingly various. Some individuals are seized within a few hours; others do not exhibit any of the peculiar symptoms for several days; and in some more rare cases, five or six weeks have intervened between the period of exposure and the accession of the disease. The poison also appears to affect individuals very differently. Of a number of persons exposed to the same source of infection, some may escape altogether; others have a mild form of the disease; or it may happen, perhaps, that in several, the disease proves severe. Even in the same family the various forms which scarlatina presents may occasionally be observed. One or more may have both the efflorescence and the sore throat; in others there may be fever with the characteristic rash but without any affection of the throat; another case may present the characters of the malignant disease; while, again, those who have been in constant attendance on the sick become indisposed with smart inflammation of the throat and a considerable degree of fever, which lasts for some days, and then subsides with the local affection. In these latter cases, (though there have been no efflorescence,) desquamation of the cuticle occasionally occurs. Dr. Rush, in an account of an epidemic

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scarlatina which prevailed at Philadelphia, remarks that such was the prevalence of the contagion which produced the scarlatina anginosa, that many hundred people complained of sore throat without any other symptoms of indisposition. The slightest occasional exciting cause, particularly cold, seldom failed of producing the disease. (Medical Enquiries and Observations.) The same thing has been repeatedly observed in this country.

Although sporadic cases of scarlet fever are met at all seasons, it is more prevalent at the end of summer, and in the autumn, than at other periods of the year. Epidemic visitations have been most frequently observed after a warm summer, especially when the heat has been accompanied with continued rains; and when the succeeding winter has been open and mild, the disease has continued till it has been checked by frost. It generally disappears in the spring months, though it has been observed to continue uninterruptedly for one or more years.

It is necessary to advert in this place to the difference in the characters of epidemic scarlatina, though the causes of such remarkable variation are unknown. For a whole season, the disease may assume a mild aspect, so that a fatal case is rarely met with; in such instances, the danger is generally produced by some local inflammation which has supervened in the progress of the disease, or during the period of convalescence. On the other hand it should be remembered, that during a comparatively mild epidemic, one or more cases may assume a malignant character, and resist the best directed curative efforts. Sometimes an epidemic of a malignant form, or, as it is popularly termed, a *putrid* form of scarlet fever suddenly breaks out and proves extremely fatal. From its commencement the symptoms often denote a severe form; at other times on its first irruption the disease is mild, but suddenly, without any apparent cause, the symptoms assume an unfavourable appearance, which continues as long as the epidemic lasts. It is therefore of great practical importance to ascertain the prevailing type of the disease, as the character which it assumes must regulate the treatment to be adopted.

Dr. Willan observed, (on Cutaneous Diseases, p. 277 and 281,) that when the scarlatina spread widely, it exhibited in the different persons affected every gradation of appearances, from the slightest to the most malignant form of the disease; yet during its diffusion through some large families and schools, he had seen it uniformly retain the series of symptoms which occurred in the first patient, with nearly the same degree of fever. In the autumn of 1786, and occasionally since that period, the scarlatina maligna above described affected the inhabitants

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of several districts in London, comprising narrow courts, alleys, and close crowded streets, and afterwards extended to some adjoining villages in low, damp, or cold situations. It is, however, more frequently intermixed with the other varieties of scarlatina, and it sometimes unexpectedly supersedes the milder forms of the disease on the fourth, fifth, sixth, or seventh day of their course.

"It is truly singular," he adds, "that the slightest of all eruptive fevers, and the most violent, the most fatal disease known in this country, should rank together and spring from the same origin. Experience, however, decides that the simple scarlet fever, the scarlatina anginosa, the scarlatina (or angina) maligna, and the scarlet ulcerating sore-throat, without the efflorescence on the skin, are merely varieties of the one disease. That all of them proceed from the same source of contagion is evident, because under the same roof in large families some individuals have the disease in one form, some in another, about the same period."

Scarlatina occurs more frequently in the early than in the advanced periods of life, and in our own experience females are more liable to the disease than males. Dr. Withering states that the epidemic which appeared at Birmingham in the year 1778, affected children more than adults, but seldom occured in the former under two years of age. In children, the number of boys and girls that suffered from it was nearly equal; but in the adults, the number of female patients considerably exceeded that of the male.

In order to determine its relative frequency in the sexes at different ages, we selected from the register of patients admitted into the London Fever Hospital, two hundred cases in the order of their admission. The following table gives the general results:—

	Age.	*Males.*	*Females.*	*Total.*
From	6 to 10	7	8	15
	10 " 15	8	15	23
	15 " 20	17	40	57
	20 " 25	14	39	53
	25 " 30	8	21	29
	30 " 35	6	10	16
	35 " 40	1	2	3
	40	1	0	1
	42	0	1	1
	48	0	1	1
	57	9	1	1
		62	138	200

It is proper, however, to state that this table cannot be considered

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quite complete, the number of children under six years of age who take the disease not being ascertained, in consequence of the regulations of this hospital precluding the admission of children under six years of age. The table shows the great majority of females at every age, and also disproves the assertion of Sir Gilbert Blane (Select Dissertations, p. 213,) and others, that the majority of those who are seized with scarlatina are under puberty.

Scarlatina in general affects the same individual only once during life, and in this respect obeys the general law of exanthematous fevers. Occasional exceptions have certainly been observed by practitioners, though, from the testimony of Dr. Willan, a second attack of scarlatina in the same individual is extremely rare; he states that he had never seen such a repetition among two thousand patients whom he had visited in scarlatina. We certainly have met with several well authenticated instances of a second attack of scarlatina in the same person.

[Dr. Billing (*First Principles of Medicine*, Amer. edit. p. 191, Philad. 1842) states, that he has known it occur three times in the same individual,—frequently twice; in one instance, twice within ten months, in its exquisitely marked form, as to inflamed tonsils, appearance of tongue, eruption and desquamation of cuticle. Recently, the writer attended a lady, who, six years ago, was affected with it, for the first time, in childbed,— the child being born with the eruption: three years afterwards, her child had it for the second time, and died; and she also suffered severely from a second attack. Recently, from attending on a young gentleman who died of the disease, she had a third attack.

It is by no means uncommon for those who have had the disease, to suffer from sore-throat—*scarlatina faucium*—when they are in attendance upon one labouring under scarlatina. (See *Guersant & Blache*, art. *Scarlatine*, in *Dict. de Méd.* 2de édit. xxviii. 158, Paris, 1844.)]

It is proper to notice the discovery of the supposed efficacy of the extract of belladonna as a preventive of the infection of scarlatina. This was first suggested by Hahnemann, of Leipsic, in 1807. The belief that this narcotic possesses such a preventive power is gaining ground in some parts of the continent, and lately even in our own country. The following abstract will explain the views of Hahnemann on this subject. A favourite doctrine of this writer is, that diseases are to be combated by remedies, the effects of which are similar to the diseases for which they are given. This is the doctrine to which the term *homœopathia* has been given, and which has of late years gained many proselytes in Germany, France, and Italy. Hahnemann observed that bella-

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donna given in small doses produced heat and dryness in the throat, swelling of the submaxillary glands, and a cutaneous eruption, sometimes an efflorescence only, at other times a papular rash, like miliaria; he therefore inferred that this medicine, from its producing symptoms analogous to those of scarlatina, might prove a preservative against its infection. About ten years after Hahnemann had entertained this notion of the anti-scarlatinous power of belladonna, a severe and fatal epidemic appeared in several cities of Germany, and consequently the physicians were naturally desirous of adopting measures calculated to arrest its progress. From the result of the trials made by Berndt, of Custrin, who was the first who made a series of experiments, we find, that in an epidemic scarlatina which prevailed in Custrin in 1818 and 1819, he employed the belladonna as a preservative in one hundred and ninety-five children under fifteen years of age; though they were freely and constantly exposed to the contagion of scarlatina, only fourteen took the disease, and that after employing a stronger preparation of this drug, every individual escaped. A still stronger testimony in favour of its efficacy is given by Dusterberg, a physician of Warburg; he states, that every child who took the belladonna for a sufficient length of time before exposure to infection escaped; that when a child was left in an infected family to nature, (the belladonna not having been administered with the object of determining its efficacy) it was invariably attacked with scarlatina, while the others who took the remedy escaped. Behr, of Bernberg, also affirms that of forty-seven persons who took the belladonna as a preservative, only six were attacked. Professor Koreff, of Berlin, after extensive and long-continued trials, asserts that if the belladonna be taken in proper doses for eight or nine days before exposure, and be continued till the period of desquamation, there is little danger to be apprehended from free intercourse with persons affected with scarlatina. Similar testimony has been given as to the efficacy of this narcotic by Hufeland, Kunzman, of Berlin, and others.*

[On the other hand, the belladonna has failed to exhibit any prophylactic powers in the observation of many respectable practitioners, (Pereira, *Elements of Mat. Med. and Therapeutics*, Amer. edit. ii, 307, Philad. 1843, and Rilliet and Barthez, *Traité Cliaique et Pratique des Maladies des Enfants*, ii. 641, Paris, 1843.) Dr. Pereira remarks, that whilst the facts brought forward in favour of the existence of the pro-

* Vide Arch. Gén. de Méd. Juin, 1824.—Journ. Complement. Juin, 1824.—Hufeland, Journ. der practischen Heikunde, Nov. 1815.—Rust, Magazin für die gesammte Heikunde, xx. i. 182.

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phylactic fever are only negative, those which can be adduced against it are positive: for twenty cases of failure, he conceives, are more conclusive against it than one thousand of non-occurrence are in favour of it. The writer has repeatedly administered it; and, as elsewhere remarked, (*Practice of Medicine*, 2d edit. ii. 538, Philad. 1844,) until the winter of 1843, none took the disease. At that time, during the prevalence of scarlet fever in his own neighbourhood, the belladonna was sedulously administered to his children, five in number,—two of whom, the youngest three years old, and the oldest six, after having taken the belladonna for six weeks, were attacked,—the others escaping. The disease was severe; but it was not attended by any specially alarming symptoms.]

The quantity administered is very minute. Three grains of the extract of belladonna are to be dissolved in one ounce of distilled water; of this solution two or three drops are to be given twice a day to a child under twelve months old, and one drop more for every year above that age. In general, no sensible effect is produced by it, but in some instances, it brings out an eruption similar to scarlatina. It is also asserted by those who have tried this remedy, that even when it does not prove a preventive of the infection of scarlatina, which may be in consequence of its not having been administered for a sufficient length of time before exposure, it renders the disease more mild, and even that if it be taken for four or five days before exposure, the disease never proves fatal. As we have never employed the belladonna as an anti-scarlatinous remedy, we can offer no opinion of its merits, though we certainly profess ourselves sceptical as to the powers ascribed to this drug. The subject is, however, worthy of further experimental inquiry. It has one advantage, that of being perfectly harmless, if it did not act as a preservative.

VARIETIES.—Scarlatina occurs under several forms, to which it is necessary to advert. In the first, the efflorescence is attended with mild febrile symptoms, but there is no inflammation of the throat (*scarlatina simplex.*) In the second the fever is of a more severe character, and the efflorescence is accompanied with inflammation of the throat (*scarlatina anginosa.*) In the third, the whole character of the disease is more severe than in either of the preceding varieties: the fever is of a low or typhoid type; the throat is affected with gangrenous inflammation, accompanied with tumefaction of the cellular tissue and absorbents of the neck, and in general with an acrid discharge from the nostrils and ears (*scarlatina maligna.*) In other instances, the efflorescence is confined to the mouth and throat, and does not affect the skin. This form (to which no name has been given) is often observed during the preva-

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lence of epidemic scarlatina; not unfrequently in adults, when some other form of the disease is prevailing in the family. It may be designated by the name *scarlatina faucium*.

1. *Scarlatina simplex*.—In this form of the disease there is only the efflorescence with a moderate degree of fever. The rash is preceded by slight symptoms of fever—irregular shivering, nausea, sometimes vomiting, thirst, and heat of skin. The degree of fever is by no means uniform; the symptoms are sometimes so moderate as scarcely to attract attention, though there is often smart constitutional disturbances, indicated by pungent heat of skin, flushing of the face, suffusion of the eyes, pain of head, restlessness, and occasionally delirium. The efflorescence or rash generally comes out on the second day of the eruptive fever, but in some instances it does not show itself till the third, and accordingly, we find authors differing as to the precise period at which it appears. Sauvages and Cullen state that it does not come till the fourth day after the accession of the febrile symptoms. Plenciz (Tractatus de Scarlatina, 1776,) does not limit the period, but affirms that the rash makes its appearance on the second or third day, or sometimes later. Heberden restricts it to the first or second day. It is, however, probable that in the majority of instances, the rash comes out on the second day of the fever, and that in cases in which it appears sooner or later, there is some peculiarity in the individual or in the disease to account for the variation.

The efflorescence, which is first perceptible on the face, neck, and chest, becomes gradually diffused over the body; in twenty-four hours or less from its first appearance the trunk is covered with the eruption; on the following day (the third) it extends to the upper and lower extremities, at which period the whole body is of a bright red colour, and pungently hot and dry. On the extremities, particularly the hands and fingers, the rash is diffuse and continuous, but on the trunk it is distributed in irregular patches, the colour being most deep on the loins, buttocks, flexure of the joints, and on those parts of the body which are subjected to pressure; it is generally more vivid in the evening, gradually becoming paler towards the morning.

This is the ordinary progress of the efflorescence in the skin: it is not, however, confined to the cutaneous tissue; the mucous membrane which lines the nostrils, mouth, and fauces being covered with the eruption, so that the lips, the tongue, the pharynx, the velum palati, the nostrils, and even the internal surface of the eyelids are of a bright red colour. The papillæ of the tongue become considerably elongated, the red points shooting through the white fur, and from which it derives its

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characteristic appearance. In cases where the tongue is clean, it has nevertheless a bright red colour, and the scarlet points may be seen shining through its polished surface.

The rash of scarlatina consists of innumerable red points or dots, which are at first of a pale red colour, but afterwards acquire a deeper hue, giving the affected portions of skin not only a uniform red appearance, but a perceptible roughness, which is most evident on the breast and extremities, in consequence of the greater determination of blood to the papillæ of the skin in those situations.

The efflorescence on its first appearance sometimes closely resembles a papular eruption, and occasionally small miliary vesicles make their appearance, though this latter phenomenon is rarely observed, except when the individual has been subjected to a heating stimulating regimen, or confined in a small, crowded and ill-ventilated apartment. These papular or vesicular spots, however, are now and then observed when the disease occurs under the most favourable circumstances. Dr. Mason Good (Study of Medicine, vol. iii. p. 13,) supposes that they arise from the great determination of blood to the cutaneous vessels producing an effusion of coagulable lymph, which is not entirely absorbed by the time the efflorescence subsides, hence there is occasionally, though not often, an appearance of vesicles, sometimes nearly empty, and sometimes nearly filled with a pellucid fluid, according as the effused fluid has been more or less carried off. The occasional appearance of these vesicles during the progress of scarlatina has been noticed by Rush, Withering, Plenciz, and other writers; Sauvages, indeed, under a mistaken view of their importance, has constituted a distinct species under the name *scarlatina variolodes*.

In ordinary cases of scarlatina, the eruption may be regarded at its height on the fourth day; it begins to decline on the fifth, disappearing in irregular patches; on the following day it is still more indistinct, and on the eighth day no trace of the rash is discernible. The various symptoms with which the eruption is accompanied gradually disappear with the efflorescence, but the tongue still remains morbidly red and clean. The desquamation of the cuticle, which begins about the end of the fifth day on the parts on which the eruption first appeared, proceeds, so that about the eighth or ninth, portions of cuticle are thrown off, the thickest and largest being those detached from the skin of the hands and feet.

2. *Scarlatina anginosa*.—In this form, the fever and efflorescence are accompanied with inflammation of the throat. The anginosa inflammation sometimes precedes the fever, but most frequently appears at the

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same time with the febrile symptoms, though, in some cases, not until the rash or efflorescence is at its height: in the majority of instances, however, it is felt when the eruption appears, and goes through its progress of increase and decline with the cutaneous eruption.

The precursory symptoms of scarlatina anginosa indicate a more acute disorder than the scarlatina simplex. The headache is often accompanied with slight delirium; the heat of skin is more pungent, and the prostration more marked from the beginning. In the course of the second day, the patient complains of a sensation of stiffness or pain about the muscle of the neck, extending to the angles of the jaw and under the ears, with feeling of roughness in the throat, painful deglutition, and some degree of hoarseness. The viscid secretion from the mucous crypts of the tonsils and pharynx, which takes place in the more severe cases, aggravates the patient's sufferings, from the frequent and often ineffectual efforts made to expel it. On examining the fauces, the palate, uvula, and tonsils are red and swollen, and when the local inflammation is severe, coagulable lymph is effused in small irregular masses on the inflammed surfaces. These exudations are very liable, on a superficial examination, to be mistaken for ulcers, or, when the subjacent surface is tender and disposed to bleed, the admixture of blood imparts to them a brown or almost black colour, and thus, more especially if there be fetor of the breath, they may be mistaken for gangrenous inflammation of the fauces. On attentive inspection, however, after cleansing the throat by acidulated gargles, the entire continuity of the membrane from which the crusts have been detached, at once distinguishes this form of acute symptomatic angina, from the gangrenous inflammation and subsequent ulceration observed in scarlatina maligna.

These exudations of lymph often extend to the lateral parts of the pharynx, and occasionally as far as the œsophagus, though, according to Rayer, they are never observed after death in the larynx or trachea. This coincides with our own experience, as in the dissections of scarlatina with anginosa inflammation which we have made, we have not seen an instance of membranous exudation extending to the larynx.

As the anginose inflammation becomes developed, the febrile symptoms increase, the pulse rises, the respiration becomes oppressed, the skin more pungently hot and dry, (sometimes rising to 106o, 108o, or even as high as 112o of Fahrenheit,) and the thirst urgent. The mucous lining of the mouth as well as the tongue, especially at its point and edges, assumes a florid red colour, the papillæ being much elongated and protruding their inflamed points over its surface. All these symptoms

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are increased towards evening, at which period, the febrile restlessness is often succeeded by delirium.

The rash does not appear so early as in the simple form of the disease. It is sometimes perceptible on the second, but more generally on the third day, and comes out in irregular patches on various parts of the body, particularly about the elbows and wrists. It has been occasionally observed that when the attack is severe, the eruption is sooner thrown out, a circumstance which was noticed by Dr. Clark, who informs us that in an epidemic which broke out in Newcastle-upon-Tyne, in the year 1778, when it began with great vehemence the eruption was often observed on the first day, though commonly it did not make its appearance till the second or third, and sometimes not until the fourth. It evinces also a great tendency to recede or entirely vanish the day after it first comes out, and in these cases, it re-appears partially and at uncertain times, but without any perceptible change in the other symptoms, only that the duration of the disorder is protracted. About the fifth or sixth day of the disease, the fever and inflammation of the throat begin to abate; at the same time the rash declines, becoming faint first on those parts on which it first came out, its disappearance being generally followed by desquamation of the cuticle. This process is, however, uncertain. When the rash is slight, or recedes soon after it comes out, desquamation does not take place; in the more severe cases, the cuticle begins to separate after the eruption and febrile symptoms decline, and continues to desquamate to the end of the second or third week, or sometimes later, during which large portions are thrown off; sometimes the cuticle of the whole hand and fingers is completely detached, resembling precisely a glove in shape.

Though this is the usual progress of scarlatina anginosa, the disease frequently assumes a still more severe character. Thus we observe, in some instances, acrid discharge from the nostrils or ears, often accompanied with deafness; enlargement of the parotid or cervical glands, appearing sometimes at the commencement of the disease, at other times about the fifth or sixth day, but occasionally not till the decline of the eruption, and followed in some cases by abscess of the surrounding cellular tissue: and towards the decline of the disease, ulceration at the corners of the mouth, or of the tongue. Though these local affections are painful, and keep up or even increase for a time the constitutional excitement, they are seldom attended with danger; and in general, after continuing a short time after the prominent symptoms of the disease have disappeared, they subside under judicious treatment.

In scarlatina, as in all febrile disorders, the condition of the several

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internal organs demands attention. We have often remarked, in investigating the complications of scarlatina, the great disposition to inflammation of serous membranes; therefore, when an organ becomes inflamed during its progress, its investing membrane is much more generally the seat of inflammation, than the substance or parenchyma.

In some cases, the general symptoms are accompanied with evidence of gastro-enteritis. The tongue is morbidly red and clean, and the patient is harassed with sickness, vomiting, and diarrhœa. These symptoms are not uncommon when scarlatina prevails in the autumn, at which season bowel-affections generally prevail, and constitute a leading feature of an epidemic.

As we have already, in the article FEVER, detailed the various complications which arise, and the symptoms by which they may be detected, it is unnecessary in the present article to enter into more minute details, especially as the exanthemata bear so close a resemblance to the other forms of fever. We deem it, therefore, sufficient earnestly to impress the necessity for minute inquiry into the condition of the several organs in scarlatina, and more particularly for watching the convalescence. Cases, apparently mild, are often rendered alarming from an attack of inflammation in some organ: the suddenness of the seizure and the rapidity with which it often proceeds, prove the necessity for vigilance, however mild the symptoms of the disease may be at its commencement. Dr. Armstrong has well observed, "that scarlatina anginosa is sometimes attended with moderate, and at other times with severe symptoms; and it is of great consequence to bear this in mind, more especially as the severe may follow the moderate symptoms at any period of its progress. In those cases where the symptoms are moderate, the inflammation is chiefly limited to the throat and mucous membrane of the nose, and the excitement of the arterial system subsides without inducing actual inflammation of the viscera; yet where the symptoms are comparatively severe, the inflammation is not limited to the throat and nasal lining, but attacks some of the viscera commonly under a subacute character." (Practical Illustrations of the Scarlet Fever, &c. by John Armstrong, M. D.)

3. *Scarlatina Maligna.*—This variety has been described by some writers by the name of *angina gangrænosa* or *cynanche maligna*. Thus Cullen, in his nosology, places it as a variety of cynanche, and likewise makes it one of the species of scarlatina, from which circumstance much unnecessary confusion has arisen. He was, however, candid enough to remark, that the scarlet eruption appears on the skin under the same

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form in both diseases, adding, that he had five or six times seen the angina maligna united with the common scarlatina; and that in different epidemic constitutions, sometimes one disease predominated, and sometimes the other.

In fact, two names have been given to one disease, which has almost invariably the same characters, and requires nearly the same treatment, making due allowance for the variation observed in epidemics, and the ever-varying circumstances under which it occurs. Indeed, we are inclined, from our own experience, to affirm that the scarlatina simplex, scarlatina anginosa, and the scarlatina or angina maligna, and the sore-throat without efflorescence on the skin, are merely varieties of one and the same disease.

Though several Spanish and Italian physicians had described the angina maligna, which raged with great violence and mortality in Spain and Italy in the beginning of the last century, Dr. Fothergill was the first writer in this country who described this malignant form of scarlatina as it prevailed in London in the years 1747–8. (An Account of the Sore-throat, attended with Ulcers, by John Fothergill, M. D., 4th edit. London, 1754.) From the description he has given, it is evident, that he witnessed during this epidemic the various forms of the disease, and consequently the malignant variety. This is apparent from the following passage: "Thus much, however, seems to be true in fact, that, in some cases, the disease appears to be of so mild a nature, and so benign, as to require but little assistance from art. Persons even recover from it under the disadvantages of unskilful and injurious management, whilst in others the progress of the symptoms is so rapid, and the tendency to corruption so strong that nothing seems able to oppose it. Just as it happens in the small-pox: the benign and the distinct sort bears ill treatment without injury; in the malignant flux kind, the utmost art and experience are too often insufficient to conduct the distemper to a happy issue. Whether this diversity in the sore-throat we are speaking of is owing to difference of constitution or of seasons, to the different quality or quantity of the contagion, or the manner of receiving it, or whether there are in reality distinct species, may perhaps hereafter be more certainly determined."

A few years afterwards Dr. Huxham gave a faithful account of a similar epidemic as it appeared in London from the end of the year 1751 to May, 1753, and was very mortal. It is evident, however, that in this epidemic, as well as in others which have been subsequently described, the malignant form was occasionally observed.

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In this form of the disease, the symptoms assume very early a malignant or typhoid character; to the affection of the throat and skin are super-added great cerebral disorder, and often inflammation of the pulmonary and gastric mucous membranes. On the first appearance of the disease, the symptoms may differ little from those of the other forms of scarlatina. The pulse is at first soft and frequent, but soon becomes small, rapid, and often irregular: the patient is restless, and at times delirious, the delirium being sometimes so violent as to require restraint, though more generally it is of the low muttering kind. The rash comes out later and is very uncertain in its duration, often suddenly disappearing a few hours after it is first perceptible; and, five or six days afterwards, coming out again for a period of perhaps two or three days. It may thus suddenly recede and re-appear several times. The colour of the rash is at first faint, except in a few irregular patches, which assume a deep rose hue, but the whole efflorescence is speedily changed to a dark livid red, and in the worst forms is interspersed with petechiæ. The temperature of the skin is generally cool on the trunk of the body, and cold on the extremities; the eyes are suffused and often covered with a film of mucus; the countenance is pale and dejected, while the cheeks are of a dusky red colour; the tongue is covered with dry brown, or almost black fur; in other cases, it is smooth, red, and glossy, and often so tender and fissured that it easily bleeds; the odour from the skin and breath is extremely fetid.

The throat is not much swollen, but appears of a dark red hue, and covered with small ash-coloured sloughs surrounded by a livid base; the gangrene often extends with alarming rapidity, destroying the uvula and arch of the palate. A viscid secretion with which the fauces are covered aggravates materially the sufferings of the patient by increasing the difficulty of swallowing, as well as by the obstruction which it offers to the breathing, so that when symptomatic bronchitis occurs during the progress of the disease, there is great danger of fatal asphyxia. The inflammation generally spreads from the throat to the cervical glands, giving rise to enlargement and sometimes abscess; and when the inflammatory action extends to the nostrils, as it almost invariably does, there is an acrimonious discharge, at first thin but afterwards thick and yellow, which produces excoriation of the nostrils, lips, and angles of the mouth, which are generally in these instances covered with black crusts.

In the more severe cases of malignant scarlatina, the symptoms are more alarming from the first appearance of the disease: the pulse is small, rapid, and indistinct: there is more marked cerebral disturbance, —stupor, coma, or violent delirium; the ulcerations of the throat are

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more extensive, and covered with dark sloughs, and the colour of the rash becomes livid. We frequently also observe pulmonary disease in the form of latent bronchitis, which is often combined with inflammation of the gastro-intestinal mucous membrane, giving rise to diarrhœa and its pathognomonic signs. Some writers mention that hemorrhage from different surfaces,—from the mouth and throat, lungs, intestines, or bladder, takes place, under which the patient in general rapidly sinks, unless the constitutional powers have been unusually vigorous.

In a severe epidemic described by Dr. Withering, after detailing the ordinary progress of the disease, he gives the following outline of a fatal form which it frequently assumes:—"In children, the delirium commenced within a few hours after the first seizure. The flesh was intensely hot; the scarlet colour appeared on the first or second day, and they died very early on the third. In others who escaped this rapid termination, when the scarlet turned to brown, and their recovery might have been expected, the pulse still remained feeble and quick, the skin became dry and harsh, the mouth parched, the lips chapped and black, the tongue hard, dry, and dark brown; the eyes heavy and sunk; they expressed an aversion to all food, and extreme uneasiness upon the least motion or disturbance. Thus they laid for several days, nothing seeming to afford them any relief. At length a clear amber-coloured matter discharged in great quantities from the nostrils, or the ears, or both, and continued so to discharge for many days. Sometimes this discharge had more the appearance of pus mixed with mucus. Under these circumstances, when the patients did recover, it was very slowly: but they generally lingered for a month or six weeks from the first attack, and died at length of extreme debility. In adults, the rapidity of the fever, the delirium, &c. was such that they died upon the fourth or fifth day, especially if purging supervened. Some survived to the eighth, or to the eleventh day: in all these the throat was but little affected; the eyes had an uncommon red appearance, not that streaky redness which is evidently occasioned by the vessels of the cornea being injected with red blood, but an equal shining redness, resembling that which we remark in the eye of a ferret. But notwithstanding this morbid appearance in the eye, the strongest light was not offensive. This redness might often be discovered by lifting up the upper eyelid some hours before it showed itself in the part of the eye that is usually visible: and it was of some consequence to attend to this circumstance, as it greatly influenced the event of the case. These patients were extremely restless, clamorous, and desirous to drink; but after swallowing one or two mouthfuls, upon taking another they seemed to forget to swallow, and let it run out at

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the corners of the mouth; whilst others spurted it out with considerable force, and were very angry if urged to drink again. In these cases, the scarlet colour appeared very soon after the attack, but in an unsettled irregular manner, large blotches of red intermixing with others of white, and these often changing places. Besides the full scarlet colour described as above, there were frequently small circular spots of a livid colour, about the breast, knees, and elbows. The pulse from the very beginning was so quick, so feeble, and so irregular, that it was hardly possible to count it for half a minute at a time. It is needless to add, that the greater part of those who laboured under these dreadful symptoms died. A few recovered, and others fell into a state of debility bordering upon idiotism, from which they were rescued by time and generous living. In one patient, a man, the jaw was so perfectly locked upon the third day, that it was impossible to get any thing down his throat, and he died early upon the fifth day." (Account of the Scarlet Fever and Sore-Throat, p. 18.)

In a few instances, we have seen the large joints suddenly become extremely painful, to which swelling with evidence of fluctuation succeeded, and the patient was destroyed in a very short time.

In many instances this malignant form of scarlatina proves fatal on the third or fourth day, though the patient often lingers till the second or third week: it is not uncommon for the patient to die suddenly on the second, third, or fourth day, without the practitioner being able to assign any satisfactory reason, or discover any lesion on the most careful examination of the body. Sometimes, on the other hand, recovery takes place under the most unfavourable circumstances, but the convalescence is exceedingly tedious, and often retarded by the recurrence of some local inflammation, which had arisen during the progress of the disease.

It should not be overlooked that, when the early symptoms have been comparatively mild, the disease may suddenly assume the malignant character. Indeed this form (scarlatina maligna) is more frequently intermixed with the other varities of scarlatina, and it sometimes unexpectedly supersedes the milder forms of the disease, on the fourth, fifth, sixth, or seventh day of their course. (Willan.)

4. *Scarlatina faucium.*—It has been frequently observed, that when scarlatina prevails epidemically, cases occur in which there is no appearance of rash on the skin, the efflorescence being confined to the throat and mouth. In some cases, the characteristic red appearance in the throat is unattended with swelling; in others, the efflorescence in the throat is accompanied with swelling of the tonsils, and consequent pain-

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ful deglutition. Dr. Willan states, that this complaint seems peculiar to adults, and is evidently a species of scarlatina, because it affects some individuals of large families, while the rest are labouring under other forms, and because it is capable of communicating by infection all the varieties of that disease. It is sometimes succeeded by an enlargement of the parotid glands, but not by dropsical swellings. Persons who have previously gone through the scarlatina anginosa, experience, while conversant with the sick, very uneasy sensations in the throat: in some there is a swelling and inflammation, or ulceration of the tonsils, producing considerable pain and irritation, but without the specific fever and efflorescence. (On Cutaneous Diseases, p. 274.) Similar instances have been related by Dr. Johnstone, in the description of the epidemic scarlatina which prevailed at Worcester in 1778. Some individuals, at the first seizure, were more or less severely attacked with the scarlet eruption, with swelling, redness, and ulcers in the throat; yet others in the same family, infected from them, and by them, often had the ulcerated sore throat, without any efflorescence or eruption on the skin. Again, the first seized sometimes had the simple ulcerated sore-throat only, and yet the others infected by them had the more severe attack of the disease, of fever, and scarlet eruption, as well as sore-throat. (Memoirs of the Medical Society of London, vol. iii.)

In a paper by Dr. Lettsom, entitled Cursory Remarks on the Appearance of the Angina Scarlatina in the spring of 1793, several cases are given of this form of scarlatina. In one case the disease assumed the characters of scarlatina maligna, but without efflorescence. The sister of this patient, a day or two after, became also the subject of the disease; but in this case, the affection of the throat and fever of the malignant kind were accompanied by general florid efflorescence. In another family, one of the children had ulceration of the throat, but no eruption: a second, about a year older, caught the disease, but had both the affection of the throat and the efflorescence. In another family, some had the sore-throat without any eruption, others had the eruption with a very moderate degree of sore-throat; and this was observed not only among the children, but also among the servants. (Memoirs of the Medical Society of London, vol. iv.)

These statements accord exactly with our own experience of epidemic scarlatina. We had very lately an opportunity of observing in one family the simultaneous appearance of the various forms of the disease. In one of the children, who was the first subject of it, the symptoms early assumed a most malignant aspect; the velum and uvula were destroyed by gangrenous inflammation, and death took place about the

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fifteenth day. Some days after the disease had appeared in this child, one of the servants became ill, and passed through a mild form of scarlatina anginosa without any untoward symptom. No sooner had this servant recovered than the father of the child began to be indisposed, and in a day or two, considerable fever, with efflorescence of the mouth and throat, and inflammation of the tonsils, came on. The fever and anginose inflammation lasted for several days, and terminated in desquamation of the cuticle.

It appears, then, that the various forms of scarlatina may be produced by exposure to the same exciting causes, and that the differences observed depend on some individual peculiarity or idiosyncrasy, which cannot, *à priori*, be ascertained.

[The blood in scarlatina has been examined by M. Andral, and found to be constituted as in measles,—preserving, in other words, pretty nearly its mean proportion of fibrin—3 in 1000, with an augmentation of the proportion of globules, 127 in 1000. In four patients, he found the ratio of fibrin to be 3, 3½ and 4; in two others, that of the globules 136 and 146. (*Cours de la Faculté*, 1841, cited by Guersant & Blache, *op. cit.*)]

(*To be Continued.*)

SURGERY AND OPTHALMOLOGY.

ART. 5.—*Statistical Table of the Results of Seventy-four Operations for the Extraction of Ovarian Tumours.* By SAML. J. JEAFFRESON, M. D.

I shall now take the liberty of drawing the reader's attention to the following statistical table of the results of 74 operations, for the extraction of ovarian tumours. The materials from which this table has been drawn up have been chiefly derived from the Medical Gazette, Lancet, and Medical Times; they have been also compared with Dr. Churchill's table in the Dublin Medical Journal, from which source three or four cases previously omitted by myself have been copied; and for an account of the three operations by Mr. Lane I am indebted to that gentleman himself, whose readiness to afford me every assistance and information, and desire to promote a strict scrutiny into the result of these opera-

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tions, did equal credit to the kindness of his heart and the soundness of his judgment.

The table has been divided into three great classes.

1st. Of the cases in which the ovarian tumour has been removed by the large abdominal incision, the hand being introduced within the peritoneal cavity for the purpose of separating adhesions, passing ligatures on the pedicle, &c.

2dly. Of the cases in which a small incision has been made, through which the cyst has been drawn (first emptied of its contents, and tied externally;) and,

3dly. Of the cases in which the removal of the tumour has been attempted, but abandoned on account of adhesions, or in which the tumour has been found to be other than ovarian, or in which no tumour has been found at all.

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STATISTICAL TABLE

OF THE

RESULTS OF SEVENTY-FOUR OPERATIONS FOR THE EXTRACTION OF OVARIAN TUMOURS.

CLASS I.—*Tumours removed by long incision; the hand introduced into the peritoneal cavity.*

No.	Age, &c.	Date.	Name of Operator.	Nature of Incision.	Character of Tumour.	Result.	Remarks.
1			L'Aumonier	4 inches	Common abse. of ovary?	Successful	
2	Mrs. Crawford	1817	Dr. M'Dowall	9 inches	15 pts. fluid; sac 7¼ lbs.	Successful	Tumour divided previously to removal
3	A Negress		Dr. M'Dowall	9 inches	Not described	Successful	Tumour divided before removal; division followed by severe hæmorrhage. It adhered firmly to fundus uteri and bladder
4	Ditto		Dr. M'Dowall	9 inches	"Scirr. ovarium," 6 lbs	Successful	
5			Dr. M'Dowall	Long	Not stated	Successful	
6	33	1821	Dr. N. Smith	3 inches	Monolocular?	Successful	
7	30		Dr. A. Smith	3 inches	Monolocular?	Successful	I cannot discover that these operations were conducted on the principle first introduced by Mr. Jeaffreson, and therefore presume the hand was introduced within the abdominal cavity
8			Dr. Quittenbaum	4 inches	Not stated	Successful	
9	20	14 Sept. 1829	Dr. Rogers, New York	Moderate	Mixed; solid part 2¼ lbs., whole about 12 lbs.	Successful	Two gallons of ascitic fluid first drawn off by trocar. Had been tapped seven times for the ascites. Firm adhesions round umbilicus for 3 or 4 inches
10	36—single		Mr. Lizars	From ensiform cartilage to symphysispubis	Not described; ascites	Successful	The ovary of the opposite side was found diseased, but too adherent to pelvic viscera to be removed; it was about a quarter the size of the one removed. She afterwards lived servant with Dr. Blundell
11	25—single		Mr. Lizars	Long	7 lbs.	Died 56 hrs. after op., of gangrene of periton'm	Firm adhesions to brim of pelvis, colon, and abdominal walls, partly overcome by dissection, and partly by tension and the handle of the scalpel
12	38—married; family 28	June, 1820	Dr. Chrysmer	Long	8 lbs.	Successful	Became pregnant 16 months after operation
13		1820	Dr. Chrysmer	Long	6½ lbs.; mixed	Died 36 hrs. after operation	Considerable adhesions; ascites; disease complicated by humped back, deformed pelvis, tuberculated liver, and diseased mesenteric glands
14			Dr. Chrysmer	Long	7¼ lbs.; mixed; almost bony hard in parts	Died 20 to 36 hrs. after op.	Ascites; considerable adhesions; died of peritoneal inflammation

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15	31		Dr. Ritten	Long	Fluid; monolocular	Successful	
16	20 to 40	21 March, 1827	Dr. Granville	9 inches	8 lbs.	Died 3 days after operation	Dr. Granville attributes the fatal termination to copious venesection practised by the medical superintendent under the false alarm of peritonitis supervening.
17			Dr. Dehlhoff	Long	Mixed	Died	
18	46	Sept. 1842	Dr. Clay	Long	Mixed; multilocular, and chiefly fluid; 17 lbs. 5 oz.	Successful	Adhesions slight; ascites
19	57	Sept, 1842	Dr. Clay	Long	Mixed; 9 lbs.	Successful	Extensive ascites; numerous and troublesome adhesions. Had been frequently tapped previously for ascites
20	39	Nov. 1842	Dr. Clay	Long	Mixed?	Successful	Considerable adhesions, and plentiful ascites
21	45		Dr. Clay	Long	Very solid; 13 lbs.	Died 1½ hr. after operation	Attachments of tumour, spongy, vascular, and so broad that the ligature could with difficulty be applied so as to prevent hemorrhage. She died in a state of syncope. She had been previously subject to fainting fits
22	22		Dr. Clay	Long	Mixed	Successful	
23	40		Dr. Clay	Long	Mixed	Died	
24	29	1843	Dr. Clay	Long	Mixed; 29 lbs. 14 oz.; about 14 lbs. sol. 16 lbs. fl.	Successful	
25	50		Dr. Clay	Long	Mixed	Died	
26	46		Dr. Clay	Long	Mixed tumour	Successful	
27			Dr. Stilling	6 inches	Not described	Died	
28			Mr. Martin	Long	Not described	Successful	
29	58	6 Nov. 1842	Mr. Walne	13 inches	Chiefly fld., in 2 or more cysts; sol. part, size of double fist, very hard	Successful	No adhesions
30	57	30 May. 1843	Mr. Walne	12 inches	Chiefly fluid; 17 lbs.	Successful	No adhesions; some hemorrhage from the divided pedicle, "proving the advantage of the long incision to remove blood-clots, &c." Patient narrowly escaped, and laboured under phlegmasia dolens after operation
31	19 to 20	12 Sept.	Mr. Walne	14 inches	A single fluid cyst principally; a moderate portion of solid matter, very vascular; weight 18 lbs.	Successful	No adhesions
32	43	19 Oct. 1843	Mr. Walne	15 inches	14 lbs.; 5 lbs. solid, rest fluid, and some cheesy	Died	Ascites. A large fibrous tumour of uterus complicated the disease; this was not diagnosticated during life. The resisting of this tumour on the abdominal incision appears to have been the cause of death, by preventing it healing, and giving rise to low inflammation with suppuration, &c. It is fair to state that the operation was undertaken only at the urgent desire of the patient, and contrary to the judgment of Mr. Walne and Dr. Blundell

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33	35	26 June, 1843	Dr. F. Bird	3½ to 4 in.	20 lbs.; chiefly fluid, a solid portion size of an orange	Successful	Two slight adhesions. Tumour emptied of its contents before removal. Disease of 17 years duration; had been tapped ten times
34	35	28 Jan. 1844	Dr. F. Bird	Small first afterwards extended	Multilocular; 35 lbs.	Successful	Tumour divided previously to removal. Some adhesions anteriorly, which readily gave way
35	21	Nov. 1843	Dr. F. Bird	4½ inches	Chiefly fluid and monolocular; 27 lbs.	Successful	No adhesions. Cyst evacuated before its removal
36	21	1 Apl. 1844	Dr. F. Bird	4 inches	Fluid; monoloc; 29 lbs.	Successful	
37	32		Mr. B. Cooper	Long	Chiefly solid, with some fluid cysts; 32 lbs.	Died 7th d. after operation	Death from peritonitis. Malignant tubercle was also discovered in fundus of uterus; some few adhesions about seat of former trocar wounds
38	29	3 Sept.	Mr. Greenhow, Newcastle	Long	Chiefly solid, with some fluid cysts; 32 lbs.	Died 7th d. after operation	Adhesions with omentum separated by bistouro. Peritonitis; some points of inflammation and ulceration about the pyloric orifice of stomach
39	37	20 Oct. 1843	Mr. Southam	9 inches	Sol. matter, with several cysts; 4 lbs. 12 oz.	Successful	Ascites 14 lbs.; no adhesions
40	47		Dr. Hopfer	Long	7½ lbs.; parts very hard, parts containing fetid pus	Died 30 hs. after op.	Adhesions
41	38		Dr. Hopfer	Long	Not described	Successful	Great stress laid upon the value of opium in the symptoms following the operation
42		23 June, 1843	Dr. J. L Atlee,	9 to 11 in	Both ovaries—one size of goose's egg, other not stated; "containing hydatids"	Successful	Ascites to about 39 lbs.; one tumour firmly adherent in pelvis
43	28	1843	Mr. Lane	From umbilicus to pubes	Simple cyst, very thick; 14 pints	Successful	No adhesions. Phlegmasia dolens followed operation. Mr. Lane performed paracentesis ten days previously to the operation, but found great inconvenience from this proceeding; the lower part of the collapsed and emptied cyst had got so completely jammed into the pelvis as to be with difficulty removed, and to give the semblance of strong and general adhesions; this, however, was due in part to atmospheric pressure, and they were readily removed when air was admitted by getting the fingers under the folds of the cyst
44	38	1844	Mr. Lane	From umbilicus to pubes	Fluid; multilocular	Successful	The cyst was sessile on, and firmly attached to, the fundus and neck of uterus. Having emptied the larger cysts, the ligatures were applied round a portion of the collapsed cyst
45	46	1843	Mr. Lane	From umbilicus to pubes	Two tumours, size of the closed fist, and 2½ gallons of fluid	Successful	Extensive adhesions from one hypochondriac region to the other, of a hand's breadth. Their separation illustrated the advantage of Mr. Lane's mode of incision, for the hand forced gently between the abdominal walls and the cyst separated the adhesions. Cyst emptied before removal. The last paracentesis was followed by entire refilling of cyst in five weeks.

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CLASS II.—*Small opening, cyst drawn through the opening and tied without introducing the hand into the peritoneal cavity.*							
46		Mar. 1836	Mr. Jeaffreson	2 inches	Unolocular; fluid	Successful	After treatment, opium and digitalis chiefly
47	37	July 1836	Mr. King	3 inches	Unolocular; fluid	Successful	The incision was increased to 3 inches, to allow of the escape of a small solid tumour attached to the walls of cyst
48	35	Nov. 1837	Mr. West	2 inches	Unolocular; fluid	Successful	
49			Mr. Crisp	——	Unolocular; fld.; 3 gall.	Successful	
50	Miss S., 23		Mr. West	——	Unolocular; fld.; 24 pts.	Successful	
51	A. D., 21	9 Sept. 1840	Mr. B. Phillips	——	Unolocular; cyst thick, 330 oz. of fluid	Died 5th d. after op.	Death by enteritis. Other ovary was found to be diseased
CLASS III.—*In which the tumours could not be removed from adhesions, proved to be other than ovarian tumours, or in which no tumour was found, &c.*							
52	54	31 July 1843	Mr. Waine	5 inches	Chiefly fluid and unolocular	Recovery in statu quo	Removal abandoned on account of adhesions
53		1826	Dr. Granville	9½ inches	——	Recovery in statu quo	Removal abandoned on account of adhesions
54	34—single		Mr. Lizars	Long	Size of full period of utero-gestation, or larger	Recovery in statu quo	Removal of tumour abandoned on account of adhesions. Two punctures and incision into mass followed by some blood only
55			Dr. Dieffenbach	Moderate	——	Recovery in statu quo	Removal abandoned on account of adhesions. Puncture of tumour followed by hemorrhage to a very serious extent
56			Dr. Martini	9 inches	——	Died 36 hrs. after operation	Removal abandoned on account of adhesions. "1½ pint of serum" followed a puncture; part of the cyst was removed. Adhesions to pelvis and pelvic viscera
57	Widow, 27		Professor Galewzowski	5 inches	Size of seventh month of pregnancy	Recovery	Removal abandoned on account of adhesions posteriorly. A fistulous opening was established through the wound by bringing out a portion of cyst, and kept open discharging up to the 70th day, at which time she was discharged
58	47		Dr. Clay	Long	Apparently solid	Died 6th d. after op.	Removal abandoned on account of adhesions. Tumour bled when punctured; operation followed by phlegmasia dolens
59	48		Anonymous—Froriep's Notizen	Long	——	Died	Tumour could not be removed owing to its broad base and attachment to os innominatum
60			Dr. Dohlhoff	6 inches	——	Died	Removal abandoned on account of adhesions
61	40		Mr. West	Small operation	Fluid; monolocular?	Recovery in statu quo	Removal abandoned on account of adhesions
62	24		Mr. West	Small operation	Fluid; monolocular?	Died	11 gallons 8 pints of fluid withdrawn. The patient's constitution was previously much shattered
63	40		Mr. Hargreaves	Small operation	Mixed form?	Recovery in statu quo	Removal abandoned on account of adhesions

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64	1859	Guy's Hospital	Small operation	Two cysts	Recovery in *statu quo*	Removal abandoned on account of extensive adhesions to uterus and bladder	
65		Dr. M'Dowall	Long	——	Recovery		
66		Dr. Dalhoff	5 inches	No tumour	Recovery		
67	40	Mr. King	Small operation	No tumour			
68		Mr. Lizars	Long	No tumour	Recovery	The best opinions of Edinburgh confirmed Mr. L. in the existence of ovarian tumour. The operation undertaken at the urgent desire of patient, she had previously had lumbar abscess. She had been twice tapped; but with what result is not stated	
69		Dr. Clay	Long	Uterine tumour	Died		
70		Dr. Clay	Long	Hydatid tumour	Recovered		
71		Dr. Clay	Long	Pelvic tumour	Died		
72		Dr. Clay	Long	Uterine tumour	Died		
73		Mr. Heath		Uterine tumour	Recovery		
74		Dr. M'Dowall	Long	Intestinal tumour	Died	Complicated with ascites. The tumour, which was supposed to be ovarian, and the cause of the ascites, turned out to be a mass of intestines glued together by adhesions.	

Thus it would appear from the foregoing table, that the removal of ovarian tumours has been attempted in 74 cases with the following results:—

In 37 cases the tumour was removed, and the patients recovered.

In 24 cases the operation was followed by the death of the patient: of these 24 fatal cases, the tumour was removed in 14, could not be removed on account of adhesions in 6, and was found to be other than ovarian tumour in 4 cases.

Thus, again, in 74 cases in which the operation for extraction of ovarian tumour has been undertaken, it has been completed in 51 instances; in 14 out of which 51 instances it has been followed by death, and in 37 by the successful removal of the tumour and the recovery of the patient; whilst out of the 74 cases selected it was found impossible to carry out the intentions of the operator in 23; or, in other words, the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. Of these 23 cases, 13 recovered with life, to remain *in statu quo;* 10 died. The cause of failure was the impossibility of removing the tumour on account of adhesions in 14 cases; no tumour was found in 3 cases; and the tumour proved to be other than ovarian in 6 instances.—[Med. Gaz.

ART. 6.—*On Enterotomia in a case of obliteration of the small intestine.* By DR. MAISONNEUVE.

In this memoir the author passes in review: 1st, the different species and varieties of obliteration of the small intestines, which are of three kinds, according to their causes:—*a*, those seated in the interior of the intestinal canal, by which its calibre is diminished:—*b*, those situated in the membranes of the intestines causing stricture:—*c*, those which act mechanically on the parietes of the intestine,

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obliterating it by the pressure it exercises. From thence, three classes may be established, and called: obliteration by obstruction—obliteration by stricture—obliteration by strangulation. 1st, *Obliteration by obstruction* may be produced by foreign bodies, such as a cherry (Denonvilliers,) a biliary calculus, a fæcal tumor, by invaginotion:—2d, *Obliteration by Stricture.* It is congenital or may be caused by a strong constriction of the intestinal tunics, by wounds, contusions, ulcerations, various degenerescences. Is primitive or consecutive;—the former is produced by the adherence of the opposite walls: the obliteration is then complete, but generally it depends on a puckering or swelling, or ulceration of the membranes, occurring in hernia, reduced by taxis, though far oftener in those which need the operation:—the latter where, in strangulated hernia, the parts are reduced, and the passage of the fæces re-established, but after a week or two they stop again, owing to the diminution of the intestine produced by the cicatrix resulting from ulceration:—3d, *Obliteration by Strangulation.* Several cases of strangulation, produced by internal hernias (diaphragmatic, ischiatic, obturator) or by abnormal adherences, are here quoted. The author next enumerates the symptoms, describes the diagnosis and most efficient mode of treatment, and finally concludes:—1st, that the numerous varieties of obliteration of the small intestines can no longer be considered as beyond the resources of art:—2d, that enterotomia constitutes an efficacious mode of treatment;—3d, that it may be employed in cases which are not complicated by peritonitis:—4th, that this operation ought to be placed beside that for strangulated hernia, and enterotomia of the large intestine.—[Medical Times, Dec. 14, 1844.

ART. 7.—*Surgical Operation in the "Mesmeric Sleep,"* by DR. BODINIER.—We purpose in our next number to say something on the subject of *Mesmerism*, and especially of operations during what is called the "Mesmeric Sleep." Our readers have learned through the public prints that such an operation is alleged to have been recently performed by Dr. J. V. Bodinier, late of Paris, on a female in Chambers street, the operation consisting of the removal of a small tumor from the neck, behind the angle of the jaw. Dr. A. S. Doane who has reported the case in the Boston Med. and Surg. Journal, states that the patient, a female of 22 years, with dark brown hair and dark eyes, at twenty-five minutes past eleven, when he visited her, seemed quite bright and disposed to talk; at half-past eleven, Dr. B. commenced his *magnetic passes*, when

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in five minutes, her eye-lids dropped, and in ten minutes she sank into a profound slumber, the respiration and the pulse being natural. At half-past one the operation was performed by Dr. B. in the presence of Drs. Mott, Kearney Rodgers, Delafield, Nelson, Taylor, Parmly, Doane, etc. The tumor was the size of a "pullet's egg," and its removal occupied two and a half minutes. The patient is said to have "slept profoundly" during the whole of it, there being "no contortion of face, no quickening of respiration, no motion of the head or hands, but she seemed in a placid and tranquil slumber." The patient was allowed to sleep till a quarter past four, when she was roused, and to the inquiry "how she felt," replied, "rather tired, her limbs ached." She was asked if she had suffered any pain during her sleep," when she answered, "no." "Whether she had been cut,"—"No," and said "the operation was to be performed next day."

As this operation has excited considerable discussion among the faculty and others in this city, we have endeavored to ascertain all the facts in the case, for our own satisfaction at least, if they should subserve no other purpose. Those present from whom we have solicited information, regard the operation as too trivial a one, to furnish a satisfactory test or proof of insensibility, although the patient *appeared to be* unconscious of pain. A difference of opinion prevails, as to the fact of the patient being in a "mesmeric sleep," although it is acknowledged there was every appearance of her having been in this state. Without designing, at this time, to express any opinion upon the case, one way or the other, we may remark that we have often been struck with the apparent insensibility of patients during severe and undoubtedly painful operations, and are satisfied therefore that great caution is necessary in scrutinizing these alleged cases, especially where circumstances seem to indicate that a regard to private interests has been the paramount motive of the operator.

The following letters with which we have been favored, and which we are kindly permitted to publish, have a very important bearing on this whole subject, and will be read with great interest.

"New York, Feb. 14, 1845.

"Mr. Editor,

"*Dear Sir*,—In a letter of the 11th inst., addressed to myself, you desire me to state what I witnessed of the firmness of a young gentleman, upon whom the operation of exsection of the inferior maxillary bone was performed by Prof. Mott, 'and the reflections to which it gave

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rise, as bearing on the subject of alleged surgical operations without pain in the mesmeric state.'

"The case to which you refer is briefly reported in the January number of the New York Journal of Medicine, by some person, who, like myself, was present at the operation. The subject is there stated to have been 'a fine intelligent young man, whose *heroic deportment* greatly facilitated the operation.'

"Perhaps it is enough that I should have quoted the expressive language of one, who appears to have looked on with the same admiration as myself; though these examples of 'heroic deportment' are common enough in the walks of surgery, especially amongst females; and that, too, without mesmeric imposture. The same eminent surgeon, who operated in the case which is the subject of these remarks, will tell you that he has extirpated many breasts, rendered highly sensitive by carcinomatous disease, without observing any evidence of pain. But there was something in the case of Mr. Baker, which certainly better deserved the encomium of 'heroic,' than anything I had ever before seen, or heard of, or even imagined as within the compass of human fortitude.

"This case, therefore, is interesting at this moment, as evincing a perfect capability of enduring the most intense, and sudden, and prolonged pain, without emotion, and as forming a test by which 'the subject of alleged surgical operations without pain in the mesmeric state,' will receive the explanation which you seek.

"The case is also physiologically interesting, and interprets the composure of those organic movements, under similar condition, which has been set forth in behalf of animal magnetism.

"To appreciate properly the 'heroic deportment' of young Baker, you must imagine yourself to have been a spectator; follow the able surgeon in all the capital steps, and in all the minor details of the operation, and watch attentively the 'deportment' of the subject. He was laid at a convenient elevation upon a table, his feet crossed upon each other, and his hands lapped. I mention this position, because he did not move his feet, nor displace his hands during the operation.

"Now observe the operator; first, making a long and deep incision amongst the muscles of the neck, and then tearing his way down to the carotid artery, and throwing and tying the ligature. It was, in itself, one of the most capital operations in surgery; but, owing to the dexterity with which it was performed, and with an operation still before us far more difficult, and tedious, and dangerous, this grand step towards the exsection of the jaw lost much of its usual interest to the spectator.

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But it was not the less painful to the sufferer; who, however, sustained it without betraying the slightest evidence of pain.

"Next came the circular incision, reaching all the way from the joint of the maxillary bone, down along its lower edge, up to the middle of the chin. This was done by one rapid, immense sweep of the knife; but there remained the same imperturbable composure of the patient. Not a sigh, not a groan escaped, no muscle moved,—the very eye did not wink. And then followed, as you may well suppose, a prolonged, tedious, painful dissection, in which it became necessary to exasperate the suffering by securing many bleeding vessels; till, finally, the operator was ready for his saw. But nothing had yet happened to elicit a single manifestation that the patient was not in a profound slumber, excepting that his eyes were open, and that he occasionally swallowed.

"But, before sawing the bone at the middle of the chin, it was necessary to remove one of the incisor teeth, and this was so firmly rooted that a straight forceps slipped in the hand of a capable assistant. Another pull, however, brought with it the tooth; but in neither attempt was there any more indication of suffering than in drawing a nail from a board.

"Then came the process of sawing, and this was calculated to greatly annoy the patient from a slight accident which happened to the saw, and which prolonged this part of the operation. Still, however, the same 'heroic deportment' distinguished the patient forbearance of the sufferer, the same unexampled complacency continued to mark every lineament of his face, his very eye displaying nothing but gentleness, softness, and calm resignation.

"The bone being separated at the chin, the dissection was resumed amongst the important parts, and though conducted with all possible skill and rapidity, it was necessarily tedious, as well as hopelessly painful, and therefore, still calculated to try the firmness of the stoutest heart. A great extent of all kinds of tissues were divided, and, of course, no small proportion of nerves. Bleeding vessels continued to be secured, the difficult division of the articulating ligaments performed with as much facility as its difficulties would admit; and after the removal of the jaw, remaining portions of diseased muscle, &c., were cut away, and which tended not a little to embarrass that 'heroic deportment' which had marked every stage of this great and triumphant operation. From its beginning to its ending, which occupied one hour and a half after the first incision till the final extirpation of all the diseased mass, the sufferer did not manifest the slightest evidence of pain, or of impatience, or of fatigue, either by language, gesture, expression of

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countenance, winking, groaning, sighing, or any other imaginable method by which the mesmerite might be disposed to evade the overwhelming rebuke which the recital of this case cannot fail to inflict on his love of the marvellous, or his love of mischief, or his yet more culpable designs on human credulity.

"I have said that there was something physiologically interesting in the foregoing case beyond its simple merit of an 'heroic deportment,' and that it goes to the very depths of mesmeric assurance and duplicity. It was this:

"On feeling the pulse of the patient twice during the operation (the last time after the lapse of an hour,) I found it calm, undisturbed, and with about the same frequency it had before the operation was begun. This proves to us what I have before expressed, that it is not pain, but the consequent mental emotions which affect the organs of circulation, whether the heart or blood-vessels.

"Thus ended an operation, unequalled in the annals of surgery; alike triumphant to the surgeon, to American Genius, to the admirable subject, to the cause of truth, of morality, and of sound religion.

"If you desire it, you may publish the foregoing statement, to which I should add some comments had I not already contributed my part, in a medical work, towards the suppression of one of the greatest nuisances that has yet infected the moral and reflecting part of the community. I have, however, some developments in reserve, which will probably see the light when the parties interested may be beyond the reach of greater reproof or mortification.

"I remain, very truly, your friend and obedient servant,

"MARTYN PAINE."

"Mr. Editor.—*Dear Sir*,—You inquire whether I have ever seen patients, during painful operations, exhibit few or no symptoms of suffering. I have seen instances of the kind so often, that they have ceased to occasion any surprise. I will mention a few examples. During the last summer, I amputated a leg of a man upwards of fifty years of age, who had been suffering for a number of years from an enormous ulcer. He bore the operation with perfect composure, and stated at its close, that he had during the previous night suffered much more pain from the ulcer, than had been occasioned by the operation.

"During the last autumn I amputated an arm of a boy thirteen years of age, who was suffering from Tetanus, occasioned by fracture of the forearm. From the time when the amputating knife penetrated the

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flesh, until the close of the operation, there was no expression of suffering, and he remained as quiet as if he had been asleep.

"Within the last few weeks, I have performed a partial amputation of a man's foot, which was anchylosed in such a position as to prevent him from walking. He bore the operation in such a manner, that if his eyes had been closed a believer in Mesmerism might readily have believed him to be asleep.

"About two years since, I burned a number of camphor moxas on the forearm of a young man nineteen years of age, on account of a paralytic affection of the muscles moving the hand. He sat on a chair, and held out his arm during the operation, with as much composure as if he had been a mere looker-on.

"A few years ago, Doctor Stevens performed at the New York Hospital a most painful operation on a lad sixteen years of age. His leg had been fractured a number of years before, and the bones had united at nearly a right angle, so that the limb was a mere incumbrance to him. Dr. S. cut down to the bones, insulated them from the soft parts, divided them with a saw and replaced them in their proper position. The operation lasted about an hour, and I suppose that the pain which was occasioned by it was equal to that of a dozen amputations. Yet the patient endured the whole operation not only in silence, but without any change in the expression of his countenance to indicate that he was suffering. The bones did not reunite: the patient remained in the hospital many months, during which the vigor of his constitution was much impaired by his continual sufferings and by the unsound condition of his limb. Finally the leg was amputated by Dr. Watson; and the patient bore the second operation with the same heroism as the first.

"I was present during the last spring at an operation which was performed by Dr. Watson, for the relief of stricture of the œsophagus. The operation involved a tedious and painful dissection among important vessels and nerves. The patient was a young man in a delicate state of health, and enfeebled by the long continued difficulty of deglutition and of consequent want of nourishment. During the whole operation, which lasted more than two hours, he was in a state of as perfect tranquility as if he had been in a quiet sleep.

"I have seen other cases in which persons have endured operations with little or no expression of suffering, and if it were necessary, I could furnish the details. Those which I have above related were all in males. But it is well known that females even surpass males in fortitude, and that the patient endurance of suffering is a striking characteristic of their sex. I have had opportunities of observing painful surgical opera-

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tions which have been performed on females, who have borne them without any expression of suffering. But none of these cases are very recent, and I have not a sufficiently clear recollection of them, to be enabled to give them to you in *detail*.

"If I should see a surgical operation performed on a person of either sex, who was alleged to be in a state of mesmeric sleep or stupor, and if, throughout the operation, there should be an apparent insensibility to pain, I should be very far from being convinced that the mesmeric sleep, or the insensibility to pain was real. It would appear to me to be far more rational and more in accordance with known facts, to suppose that the sleep and the insensibility to pain were pretended, than to admit the existence of that unnatural state which is described as mesmeric sleep. I have no doubt that persons may be trained to endure severe pain without giving expression to their sufferings, and to feign sleep so perfectly that it would be extremely difficult to detect the imposture.

"Yours respectfully,

"ALFRED C. POST.

"4 *Leroy Place, Feb.* 13, 1845."

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THE WESTERN LANCET.

CINCINNATI, MARCH, 1845.

Transylvania University.—By the annual catalogue of this institution it will be seen that the number of students in attendance during the session of 1844–5 was 156. Those who are familiar with the statistics of this institution will perceive that the last class was smaller than usual; at one period, however, it was reduced to 152, having previously reached 280. The cause of the present decline is well known to those who have taken the trouble to become acquainted with the facts of the case. Students were driven off from the school by various disparaging publications, issued in the city of Lexington and unquestionably designed to prostrate the school. The friends of the school, however, are fully satisfied that the object of those concerned in this plot will fail; and the most conclusive evidence that can be adduced to sustain this belief, is the fact, that the opposition is based upon personal enmity, *and is not governed by principle.* The following official documents will aid the profession in forming correct opinions upon this subject:

"*Resolutions of Board of Trustees.*—The Board of Trustees having been requested by the Medical Faculty to investigate the condition of the Medical Department, with the object of ascertaining whether any defects exist in its organization or management as charged in several publications during the present year, and if so to apply the remedy; which investigation the Board have endeavored to make, and being well satisfied the department is well organized and managed, and the various chairs filled by able, learned and industrious professors;

Therefore, *Resolved*, That in the opinion of this Board, no change of the organization of the department, or of the professors is necessary or expedient.

Resolved further, That this Board being well satisfied that the publications made during the past year, complaining of the evil organization of the department, proceeded from real hostility to the school or

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personal enmity to one or more of its professors, would not have deemed it necessary to take any notice thereof, had not their attention been called thereto by the Medical Faculty.

By order, M. C. JOHNSON,

Lexington, February 7, 1845. Chairman, &c., &c.

Report of the Committee of the Legislature.—The Medical class is reported at 156. This number is less than previous years, but is satisfactorily accounted for in the response of the Trustees of Transylvania University, to the question propounded by the committee: "The resignation of two of the professors of the Department, during the last summer, afforded the basis of the rumor, widely circulated, that the school was disorganised, and the Trustees unable to organise it so as to continue the present course of lectures. We are informed by the Faculty that they have the most satisfactory evidence of the industrious circulation of this rumor, together with certain publications, emanating from this city, addressed to the Trustees, through the newspapers, and well calculated to deter all students from coming to this school. Most of the pupils in our school have been beset with this rumor and these publications. Under these circumstances, the present number is rather encouraging than the reverse. It is believed the present faculty give entire satisfaction to the class, and we cannot doubt that their well established reputation will rise superior to the cloud of detraction with which some have endeavored to envelope them."

While we regret the effects of the attempt to injure this branch of the University, induced by malevolence and revenge, we feel conscious of its recuperative energies, and ultimate success. The superiority of its location, and advantages for acquiring an intimate acquaintance with the science of Medicine, its Library, Chemical Apparatus, preparations of Morbid Anatomy, and specimens of the various subjects on which lectures are delivered, are, as we are assured, equal to any other institution in the United States. Its professors are of such standing in their profession, that no danger can be apprehended on their account. Nothing is, therefore, wanting, to insure the entire success of the institution, but the diffusion of truth.

For an account of the pecuniary condition, resources and prospects of the University, the committee refer to the questions propounded by them to the Trustees of Transylvania University, and their answers, which accompany this report.

MARK E. HUSTON, *Chairman Senate Com.*

ROBT. E. GLENN, *Chairman H. R. Com.*

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We have confidence to believe, that an enlightened profession will readily detect the object of this malignant attack upon the school; and that a proper estimate will finally be placed upon this deep laid scheme to destroy a literary institution.

The following catalogue comprises the names of the graduates for the session 1844–5:

At a public commencement, held in the College Chapel, on Wednesday, March 5th, 1845, the degree of Doctor of Medicine was conferred on the following gentlemen, who had undergone the usual examinations, having previously submitted Theses, on the subjects annexed to their names:

Armstrong, John A	Ky.	Eupatorium Perfoliatum.
Banks, Robert B	Miss.	Intermitting Fever.
Berry, H C	Ky.	Miasmata.
Brockway, A E	Ky.	Nervous Phenomena.
Bruce, James M	do	Arsenious Acid.
Burch, James	do	Hygiene.
Chew, Samuel H	do	Typhoid Fever.
Childress, Edwin T	Ten.	Intermitting Fever.
Dudley, Charles W	Ky.	Medicine and Inductive Science.
Fleece, James B	do	Typhoid Fever.
Foster, Wm T	Geo.	Diagnosis.
Gilman, George	Ky.	Peritoneal Inflammation.
Hensley, James W	do	Pulmonary Consumption.
Howell, Wm S	S. C.	Remitting Fever.
Hudson, Irby B	Geo.	Heat.
Letcher, R P jr	Ky.	Cynanche Trachealis.
Magoffin, Beriah	Pa.	Scarlatina.
McKellar, Duncan	Ala.	Fevers of Alabama.
McLeod, A	Miss.	Congestive Fever.
McMinn, S N	Tenn.	Lithotomy.
Metcalfe, Lewis	Mi.	Pathology of Fever.
Munday, Isaac F	Ky.	Emetics.
Pillow, Levan C	Tenn.	Congestive Fever.
Rankins, Paul	Ky.	Bloodletting.
Robinson, M	do	Uterine Hemorrhage.
Samuel, R P	do	Spinal Irritation.
Stewart, K F	Ohio.	Physiology of vascular system.
Stone, James B	Ark.	Intermitting Fever.
Taylor, Leonard W	Ky.	Gastritis.
Teague, E F	S. C.	Hepatitis.
Thomas, Lawson C	Mo.	Congestive Fever.
Tradewell, D B	S. C.	Epilepsy.
Vail, R P	Ala.	Tubercular Consumption.
Watson, Edwin	N. C.	Intermitting Fever.
Willingham, B V	Geo.	Inflammation.
Wilson,	S. C.	Erysipelas.
Wootten, Wm H	Geo.	Scarlatina.
Woodyard, Walter	Ala.	do.

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Ohio College of Dental Surgery.—The organization of this institution will constitute a new era in Dental Surgery in the West. The facilities for instructions in Dentistry have not heretofore been such as were desirable; those who wished to attend lectures, were under the necessity of resorting to Baltimore, the only dental college we believe in the U. S.; and the result of this inconvenience was, that but comparatively few attended lectures at any time. The character of those composing the faculty, as we know from personal acquaintance, is such as to justify the highest expectations for the success of the "Ohio College of Dental Surgery."

The following gentlemen compose the present organization: J. W. Cook, M. D., *Professor of Dental Anatomy and General Physiology*; M. Rogers, M. D., *Professor of Dental Pathology and Therapeutics*; James Taylor, M. D., *Professor of Practical Dentistry and Pharmacy*. We also learn that a Professor of Chemistry will be appointed prior to the opening of the session. The regular course of lectures will commence on the first Monday in November, and continue four months.

The Sidney Controversy.—In the January number of the Lancet, a note signed P. Beeman, was inserted, stating that the three physicians in attendance, the wife of the patient, and the nurse, all concur in condemning the report of Dr. Stewart, published in our number for last June. We have before us a communication from Dr. Stewart from which we make a few extracts, as a rejoinder to the note referred to: "If by the "wife of the patient," Dr. Beeman means Mrs. Stoner, widow of Wm. Stoner, dec'd, of this vicinity, then we say his statement, that she concurs with others referred to by him, in "condemning" my report of Mr. Stoner's case, published in the June number of your journal, is *untrue*. * * It is also stated in the communication before us, that Dr. Johnson, one of the attending physicians, gave his entire assent to the correctness of a report of the case, the same, in point of fact, of that published in the Lancet, and that he gave it as his opinion that the patient's death was caused by "*exhaustion and absorption of cold.*" * * * "Who Dr. B. means by "*the nurse*" we do not know, but we feel no hesitation in declaring our responsibility for the accuracy of our report, and that we are prepared for its defence, the *concurrent* testimony of Drs. Beeman, Mann, and *nurse* to the contrary notwithstanding."

It is well known to the parties engaged in this dispute, that personal controversies have not been introduced into the Lancet, and while we

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regret what seemed to be a necessity for admitting thus much in relation to this difficulty, we wish to state distinctly, that, so far as the Lancet is concerned, the controversy must here end.

We regret exceedingly the irregularity with which the Lancet has been issued for some time past, and we beg the indulgence of our patrons in reference to this delinquency. When the Editor removed from Cincinnati last autumn immediate arrangements could not be effected for printing in Lexington, and it therefore became necessary to transmit manuscripts, proof sheets, &c. by mail or otherwise, which caused unexpected delays. Arrangements have now been completed, however, for printing the work in Lexington; and it is confidently believed, that it will appear regularly on the *first* of each month. This arrangement will take effect at the commencement of Volume 4th, on the first of May next.

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THE

WESTERN LANCET.

VOL. III. CINCINNATI, APRIL, 1845. No. 12.

PATHOLOGY AND PRACTICAL MEDICINE.

ART. 1.—*Scarlatina.* By Dr. TWEEDIE.—[*Continued from No.* 11.]

SEQUELÆ.—Scarlatina is occasionally followed by troublesome local affections—opthalmia—enlargement and frequently suppuration of cervical glands—abscess in the pharynx—laryngitis—chronic bronchitis—inflammation of the ear, ending in purulent discharge from the meatus externus, or suppuration and consequently destruction of the internal ear.

In some instances, dropsical effusion comes on during the convalescence from scarlatina, and always proves an alarming affection.

Anasarca is the form in which the dropsy more generally appears, and though the fluid may be confined to the subcutaneous cellular tissue, it sometimes accumulates in the different cavities; when this is the case, the patient may be considered in great danger. It is singular, that the dropsy has been remarked to succeed as often to mild as to the more severe forms of the disease; but it has never been observed to supervene in cases of malignant scarlatina: it would, therefore, appear to be connected with the acute or subacute forms of scarlatina only. It is almost entirely confined to children, rarely occurring after puberty; Dr. Wells, however, had occasion to treat one case which occurred at the age of seventeen. It seems peculiar to some epidemics. We have seen it occur in several children of the same family, who had passed through scarlatina at the same time. Some writers seem to view this secondary affection as of trivial importance; others regard it as more serious than

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the primary disease. Plenciz, indeed, affirms that more persons die of it than of scarlatina. This, however, is not the result of the cases which we have witnessed, though in this country it occasionally proves fatal. It generally comes on ten or twelve days after the period of desquamation, and often without any evident cause: sometimes it does not come on for two or three weeks after the disappearance of the rash; and in one case which came under our care, the dropsical symptoms did not appear till five weeks after the desquamation. Previous to its appearance, the patient, after perhaps satisfactorily proceeding in his convalescence to a certain point, finds he does not advance, but rather retrogrades: he complains of unaccountable languor and lassitude, loses his appetite and strength, his sleep is disturbed, his pulse becomes quick, the bowels costive, and the urine scanty: sometimes there is considerable gastric disorder, indicated by sickness, vomiting, and purging. The swelling is first observed in the face and upper parts of the body, to which it is sometimes confined, though more generally it extends over the whole body, and occasionally effusion takes place in the brain, cavity of the chest, or belly. In fatal cases, fluid has been effused in these three cavities in a very short time. In an epidemic scarlatina, described by Dr. Hamilton, which occurred among the boys in Heriot's Hospital, in three cases the disease proceeded with a rapidity which afforded little opportunity for deliberation or action. The stomach gave way; all food, cordials, and medicines were rejected by vomiting. The watery effusion rapidly filled the cellular membrane, and inundated every cavity. Within less than six-and-thirty hours from the occurrence of the ailment, the boys died, labouring under symptoms denoting ascites, hydrothorax, and hydrocephalus.

In this form of dropsy, the urine generally coagulates by exposure to heat or the addition of nitric or muriatic acid, alcohol, or a solution of the chloride of mercury. Sometimes it deposits a dark red or brown sediment, which seems to arise from the admixture of the red globules of the blood.

[Not unfrequently, in these cases, the kidneys exhibit signs of glandular disease; so that a question has even arisen, whether the anasarca may not be owing to the renal disease. (Guersant et Blache *Op. cit.* See, also, Rilliet and Barthez, *Traité Clinique et Pratique des Maladies des Enfants*, ii. 613, Paris, 1843.)]

As dropsical effusion is to be regarded only as a secondary affection, it is of importance to ascertain its source. We have always regarded the dropsy succeeding to scarlatina as of an acute or subacute kind, arising from increased action in the sanguiferous system; the consequence of

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this increased action is the effusion of serous fluid into the external tissues of the body, or when there is a still greater degree of vascular excitement, into one or other of the cavities. That this is the cause of the effusion, if not invariably, at least in the majority of instances, and certainly in all those which have come under our observation, was evident from the character of the pulse as to frequency and power, the coagulable urine, the rapidity with which the fluid accumulated if not arrested by prompt treatment, and from the efficacy of bloodletting, purging, and other antiphlogistic measures, which were generally necessary to remove the dropsical effusion.

Burserius, (Instit. Med. Pract. vol. ii.) in the account he has given of an epidemic scarlatina which prevailed at Florence in the year 1717, mentions that on opening the bodies of several persons who had died of this disease, the lungs, pleura, intercostal muscles, diaphragm, kidneys, and intestines, were more or less inflamed: that peripneumony having been considered as the primary disease, and the dropsical swelling only a consequence, blood was taken from the arm in the succeeding cases, once or oftener, as the occasion required; and that no one afterwards died of the dropsy who was thus treated.

[Effusions, of fatal tendency, occasionally take place in the larger joints. Gangrene of the extremities likewise occurs at times. In an account of scarlatina that prevailed in the London Foundling Hospital, Dr. Watson gives one case that died of mortification of the rectum; and six others that died spacelated in various parts of the body. In the girls, some had the pudendal region mortified; two had ulcers of the mouth and cheek, which spacelated externally; whilst one had the gums and jawbone so corroded, that most of the teeth fell out before she died. The lips and mouth of many that recovered were ulcerated, and continued so for a long time.]

Morbid Anatomy.—In scarlatina the appearances on dissection are by no means uniform; indeed, we have frequently been surprised, in examining rapidly fatal cases, to find no morbid appearances that could explain the cause of death: in such instances, it is more than probable, that the diseased condition of the blood and fluids has had an important share in the fatal issue. The skin runs rapidly into putrefaction: it is generally of a dark red colour, the redness being of a deeper colour in different parts, and frequently interspersed with livid spots. When there have been violent delirium and other symptoms of cerebral excitement, the arachnoid membrane is vascular or even opaque, with effusion of a serous or sometimes milky fluid underneath. In such cases, the substance of the brain is also unusually vascular. The mucous mem-

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brane of the mouth, cavity of the nose, pharynx, and sometimes even of the trachea and bronchi, is often red from sanguineous injection; and when there has been considerable acute anginose inflammation, there is swelling of the tonsils with exudation of lymph. In the malignant scarlatina, there is little or no swelling, but the membrane of the pharynx is sometimes of a dark livid colour, and occasionally in a sloughing state. In some cases, there is a small quantity of puriform fluid in the sacculi of the larynx, and in two or three instances we have seen ulceration of the cartilages. These appearances in the throat are, however, by no means uniform or frequently observed, and the state of the throat after death very often presents no appreciable morbid appearance, even when there has been considerable anginose affection during the disease. In the chest, redness and thickening of the bronchal membrane, the smaller bronchial tubes and air-cells being filled with a viscid secretion, and a gorged state, with extreme softening and tendency to rapid decomposition of the pulmonary tissue, are the principal morbid appearances. In the abdomen, there are seldom any appearances that can be called morbid; in some cases, the mucous membrane of the stomach or of some portions of the alimentary canal has been slightly injected, though more frequently this membrane throughout the whole tract of the intestines retains its natural color. When purulent deposits take place in the joints—a complication or sequela which we have occasionally observed—there are not always marks of inflammation of the synovial membrane. In the last case of this kind, however, which we examined, in which pus was deposited in the left wrist and in both ankle joints, there was deposition of pus exterior to the wrist joint, among the carpal bones. The synovial membrane of the wrist and ankles were evidently redder than natural, but there was no abrasion. We are therefore inclined to think, that these purulent formations in the joints may occur without antecedent inflammation; and even in the case alluded to we doubt the co-existence of inflammation: it is more probable that the pus which was deposited was not the consequence of the inflammatory action, but that the purulent fluid was deposited from the blood in the same way as it is sometimes deposited in other parts of the body.

DIAGNOSIS.—It is seldom difficult to distinguish scarlatina from other acuto eruptive diseases. There is some resemblance, in the cutaneous efflorescence, to *measles* and *roseola*.

It may be distinguished from measles, 1st, by the period at which the eruption appears; 2d, by the accompanying symptoms; 3d, by the character of the eruption; and 4th, by symptoms which are frequently observed after the disappearance of the rash. In scarlatina the efflores-

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cence generally appears about the second day of the fever, attended (with the exceptions stated) by affection of the throat, and the characteristic appearance of the tongue: in rubeola the rash does not come out till the fourth day, its appearance being preceded by sneezing, coryza, inflamed and watery eyes, cough, and other catarrhal symptoms, which continue during its progress. The eruption in scarlatina consists of innumerable minute dots or points, diffused in patches with uneven edges, of various sizes and forms, and gives to those portions of the skin on which it appears a diffused bright red colour. In measles, the efflorescence comes out in irregular semilunar or crescent-shaped patches, distinctly elevated, the spots being of a deeper red in the centre than in the circumference, and leaving intervening spaces in which the skin retains its natural pale colour. The desquamation of the cuticle is besides more general and more considerable in scarlatina than in measles. The sequelæ of measles are principally affections of the organs of respiration, croup, bronchitis, or pneumonia, which are more liable to come on towards the decline of the eruption. In scarlatina, there is more frequent affection of the glandular system, and liability to inflammation of the joints and serous membranes, and to anasarcous and dropsical effusion into the cavities.

Roseola is always a much milder disease than even the simple form of scarlatina; the efflorescence is more continuous, of a deeper rose colour, and does not terminate by desquamation. Besides, in roseola, the anginose inflammation and appearance of the tongue peculiar to scarlatina are wanting. The whole duration of roseola too is short, seldom exceeding five or six days, and it cannot be propagated by contagion. It is also often symptomatic of other disorders.

PROGNOSIS AND MORTALITY.—It has been generally observed, that scarlatina proves more severe to adults than to children, and that when it attacks pregnant or puerperal women it is often fatal. It has been also noticed, that it is generally mild in spring and summer, but severe during the winter months.

Simple scarlatina is in general a very mild disease and seldom proves dangerous unless some local inflammation supervene during its progress; but thus a form of scarlatina, mild in the beginning, may be rendered suddenly and unexpectedly dangerous.

Scarlatina anginosa is always a more severe disease than the scarlatina simplex, since to the more acute form of fever there is superadded inflammation of the throat. The anginose inflammation, however, seldom of itself renders the disease dangerous, especially if proper measures be adopted at the beginning. There is in general a manifest disposition

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in the affection of the throat to terminate in resolution, and it is often surprising how readily it yields to general or local depletion. A moderate degree of swelling, with bright red efflorescence in the throat, is a more favorable indication than when there is little or no swelling, and the redness assumes a dark or livid appearance. It was stated in the description of this variety of scarlatina, that the inflammation sometimes extended from the throat to the larynx: when this takes place, the danger is imminent; since if œdematous swelling of the glottis ensue, death almost inevitably ensues. Danger may also arise from inflammation in some of the cavities—cerebral, pulmonary, or abdominal disease being thus superadded to the anginose and cutaneous inflammations.

A favorable or unfavorable prognosis may be often, in some measure, inferred from the cutaneous efflorescence. In the scarlatina anginosa, the rash appears late in the disease, and though in most instances, it is diffused generally over the surface, it is often only partial, coming out in small irregular patches on different parts of the body. In these latter cases, it is more apt to disappear suddenly, which is a less favorable circumstance than when the rash is general and remains out for several days. The colour of the eruption seems also connected with the general character of the disease. A bright red or scarlet efflorescence is more favorable than the dark red, crimson, or brownish colour which it sometimes assumes. A very pale rash, more especially if it be partial and evanescent, is also unfavourable; and when the eruption, whatever be its colour or the extent of its diffusion, disappears suddenly, and afterwards reappears, or if it do not again come out, more especially if it have receded at the beginning of the disease, the danger is considerable. The more perfectly the desquamation takes place, the case is to be regarded as the more favourable, as secondary disorders are less likely to arise.

From the description which has been given of the scarlatina maligna, the danger in almost every case must be apparent, though it does not appear to arise from the visceral complications which occasionally supervene, as in fatal cases there is seldom discovered in the internal organs satisfactory evidence of the cause of death. In estimating the amount of danger and probable issue of the case, however, it should be kept in view, that though this form of scarlatina proves fatal in a much larger proportion of cases than any of the other varieties, there is every intermediate shade or gradation between the less severe and most malignant cases. In this more severe form of scarlatina, some particular symptoms or appearances however modify the prognosis. Children are observed to struggle better against it than adults, though in some epidemics no age

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seems to be exempt from its ravages. The existence or non-existence of local inflammation in any organ must also be taken into account, in estimating the degree of danger, and it should be kept in mind how little such topical inflammations are under the control of the treatment, which it is necessary to modify according to the general powers of the patient; if active measures be resorted to in cases of malignancy with the hope of subduing the low forms of visceral inflammation, the powers of the patient would be endangered if not irrecoverably sunk.

With regard to the prognosis of malignant scarlatina to be deduced from particular symptoms, a favorable result may be predicted from the following circumstances—mild fever and moderate affection of the throat—early and copious eruption succeeded about the third or fourth day by gentle moderate perspiration, and general desquamation of the cuticle—the throat assuming a florid red color, and if there have been sloughing, the ulceration looking clean and healthy—diminution in the frequency, with firmness and equality of the pulse—the breathing becoming soft and free, while the eye resumes its brilliancy, and the countenance its natural expression. On the other hand, the prognosis may be deemed unfavorable, when the following symptoms occur—a partial eruption disappearing suddenly—or assuming a dusky or livid color, more especially if accompanied with petechiæ—smallness and great rapidity of the pulse—frequent sighing with sensation of great faintness—hot dry skin—hurried breathing not depending on disease of the lungs—acrid discharge from the nose and ears—ulceration of the lips and angles of the mouth—paleness or shrinking of the features—sunken eyes—partial cold sweats—coldness of the extremities—low muttering delirium—coma—hiccup—subsultus tendinum—involuntary stools—gangrenous inflammation of those parts subjected to pressure, as the sacrum and hips—swelling and purulent deposits in the larger joints. Huxham observed in some individuals previous to the fatal issue, the face bloated and shining, and the neck swollen and of a cadaverous appearance, the whole body even became in some degree œdematous, so that the impression of the finger remained.

[The form of scarlatina, which has been termed the *hemorrhagic*, is almost always fatal. It is indicated by the ordinary signs of purpura,—dark spots appearing here and there, followed by exudation of blood from the mucous membranes—of the mouth and nose especially, which is occasionally so profuse as to cause death. In these cases, if a puncture be made, it becomes the seat of hemorrhage. In a case of the kind referred to by Dr. Morton, (Mackintosh's *Principles of Pathology*, 2d Amer. edit. i. 224, Philad. 1837,) an abscess in the neck suddenly filled with blood,

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and this, making its way through a leech-bite, flowed out as if from a divided artery, and destroyed the patient in a few hours.]

The *mortality* of scarlatina varies much in different epidemics, although nothing has been satisfactorily established as to the causes which influence the fatality of the disease. The difference observed in epidemics is not confined to scarlatina, but occurs in every variety of fever, whether of the continued, periodic, or eruptive form. In some epidemics scarlatina is a very mild disease throughout; and when it does prove fatal, the cause may often be traced to the supervention of some accidental inflammation; or it may happen, that in particular instances, the symptoms may assume a malignant character, though the general aspect of the epidemic be very mild. It is unnecessary to pass under review the histories which have been recorded of epidemic scarlatina which have at various times appeared; they are alluded to, principally with the object of directing attention to the influence which certain, though unknown circumstances exert over the character and symptoms of this disease. It is often sufficient for the practical inquirer to be a diligent and faithful observer of nature, without attempting to discover the hidden causes, and invent explanations of her secret operations. The extreme mildness of some epidemics has induced many to assert, that the mortality of scarlatina has been overrated, and even Sydenham, from his observance of the disease (its milder forms only having evidently been presented to his notice,) came to the conclusion that it scarcely required medical aid, and when it did prove fatal, this result was to be traced to the *nimia medici diligentia*. Had the attention of this illustrious physician been directed to the epidemic described by Morton, a very short time after this opinion was delivered to the world, his candor would have compelled him to acknowledge, that the views he entertained and promulgated of the nature of scarlatina had been formed on too limited experience of the disease. The rapidity with which patients are hurried off is often striking. In an epidemic scarlatina which prevailed in Paris in 1743, we are told that every individual who was attacked perished—many indeed within nine hours from its first invasion. That which raged at Bromley, near Bow, in Middlesex, in the year 1746, it is stated by Dr. Fothergill, seemed to yield to no remedies or applications; several of the inhabitants were greatly alarmed by it, some losing the greater part of their children after a few days' indisposition. These are by no means solitary examples of the great fatality of scarlatina, as similar epidemic visitations have been recorded by Huxham, (Dissertation on the Malignant Ulcerous Sore Throat,) Cotton, (On a particular kind of Scar-

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let Fever, prevalent at St. Albans, in the year 1748,) De Haen, (Philos. Trans. 1749,) Johnstone, (Remarks on the Angina, and Scarlet Fever of 1788, in the Memoirs of the Medical Society, vol. iii.,) Rush, (Medical Observations and Enquiries,) Lettsom, (Memoirs of the Medical Society, vol. iv.,) Sims, (Ibid. vol. v.,) Willan, (Miscellaneous Works, edited by Ashby Smith, M. D.,) Bateman, (Reports on the Diseases of London,) Blane, (Med. Chir. Trans. vol. iv.,) Macgregor, (Ibid. vol. v.,) Tweedie, (Clinical Illustrations of Fever,) Carbutt, (North of England Med. and Surg. Journ., vol. i.,) Sandwith,* and others.

Dr. Willan has given the result of his experience of an epidemic scarlatina, from cases which occurred in his own practice in the year 1786. Of 251 cases, there were 152 of scarlatina anginosa, 42 of sore throat without eruption on the skin, and 39 of scarlatina maligna. Dr. Clark, in the description he has given of an epidemic scarlatina which prevailed at New Castle in 1778, observed, that of 131 patients, 75 had the eruption with sore throat; in 33 the disease occurred with every distinguishing symptom of scarlatina maligna; and in 23 cases it was succeeded by dropsy. He adds, when it is considered that great numbers had the distemper in such a mild manner as to require no medical assistance, and that application was only made for the advice of a physician when the patients were severely attacked, perhaps the malignant cases ought not to be estimated higher than as one to twenty in all who took the disease.

No deductions however can be drawn from these averages, as they have reference only to solitary epidemics, and it is well known that in one or several epidemics a large proportion of the cases assume the characters of a malignant disease, while, as was formerly stated, a few malignant cases only may occur out of a large number of individuals affected.

We find from the register of cases kept at the London Fever Hospital, that the mortality of scarlatina shows great variation. In the years 1822 and 1823, the disease appears to have been extremely mild, as none of the patients died during these years. In 1824, the mortality was one in twenty-one; in 1825, one in thirteen; in 1826, one in twenty-nine; in 1827, one in forty-one; in 1828, one in ten; in 1829, one in six; in 1830, one in six; in 1831, the disease was not prevalent, and none of the cases proved fatal; in 1838, the mortality was one in forty; and during the last year, the average has been about one in twenty-two. Of

* Edin. Med. and Surg. Journ. No. cxvii., (a most excellent practical paper.)

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644 cases treated at this hospital, the gross mortality was thirty-eight; of these there were thirteen males and twenty-five females. The following table exhibits the comparative ages of the fatal cases:—

		Males.	Females.
7	years of age,	0	1
10	ditto	1	1
11	ditto	0	2
12	ditto	0	1
13	ditto	1	1
18	ditto	0	1
19	ditto	2	3
20	ditto	0	2
21	ditto	0	2
22	ditto	1	2
23	ditto	1	1
24	ditto	2	2
25	ditto	2	1
26	ditto	2	1
27	ditto	0	2
30	ditto	0	1
33	ditto	1	0
40	ditto	0	1
		13	25

[In England and Wales, the number of deaths amongst children from scarlatina was in 1838, 5802; in 1839, 10,325; less than the mortality from measles. (W. Farr, *Third Report of the Registrar-General*, Lond. 1841.) If, however, the year 1840 be reckoned, the preponderance is on the side of scarlatina:—the deaths during that year being 19,816; whilst those from measles were 9326.

In all the Atlantic cities of the United States, so far as statistical examinations have been made, scarlatina appears to be a more fatal malady than measles. In an inaugural "Essay on the Comparative Mortality of Measles and Scarlet Fever," presented to the faculty of Jefferson College in Feb. 1844, Dr. George King Smith makes the number of deaths from measles in Philadelphia, from 1807 to 1841 inclusive, 1376; from scarlatina during the same period, 2226. In New York, from 1816 to 1835 inclusive, the deaths from measles were 1337; from scarlatina, 1500. In Boston, from 1811 to 1840 inclusive, from measles 700; from scarlatina, 970.]

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Treatment.—From the description which has been given of the various forms of scarlatina, it is obvious that the measures to be adopted for its treatment must have reference to each individual case, as well as to the various circumstances with which it may be associated.

It is also indispensably necessary that the treatment should have reference to the prevailing type or character of the fever, an indication which it is of the utmost importance to bear in mind in the management of this disease. We have already endeavored to impress this circumstance strongly in a former part of this article, so that it is sufficient merely to advert to it again.

1. In the *scarlatina simplex*, the symptoms are generally so mild, that it is only necessary to confine the patient to bed, to keep the apartment cool, to prescribe occasional aperients, cooling drinks, and abstinence from animal food, so long as there is any febrile indisposition. Should the skin feel hot at intervals, it is advisable to sponge the surface with cold water, by which the morbid heat is rapidly dissipated, and the feelings of the patient are rendered more comfortable. It is seldom necessary in this form of scarlatina to abstract blood, unless it be deemed expedient in cases where the fever runs high. In those cases, it may be prudent to take away a moderate quantity of blood, with the view of subduing the vascular excitement, and preventing the local inflammations which frequently arise in scarlatina. Whether bloodletting be deemed expedient or not, an emetic is often attended with good effects; after which the bowels should be freely opened by brisk aperients, and the various saline remedies, in combination with antimony, administered as circumstances require. It is necessary to watch every case of scarlatina, however mild at the beginning, as the character of the disease is often materially altered by the sudden accession of inflammation in some internal organ, by which a mild disease may in the space of a few hours be converted into one of severity and danger.

2. We have pointed out the more active nature of the symptoms in *scarlatina anginosa*. In adults of a plethoric tendency, more especially if the patient be young, bloodletting is sometimes necessary; and even in children, a moderate bleeding from the arm, when there is much excitement at the beginning, is often useful in moderating the fever, and diminishing the tendency to visceral inflammation. General bloodletting has been strongly recommended by several continental physicians in this form of scarlatina, more especially when there is much cerebral disturbance. Morton employed it with success in the epidemic he has described; and in the scarlatina which prevailed at Edinburg in 1783, we find it stated, that few died who were timely and plentifully blooded,

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which weakened the fever, relieved the throat, and was the only medicine that removed the vomiting and diarrhœa. (Edinburg Medical Essays, vol. iii. p. 27.) Huxham advocates this practice at the commencement of the fever, when the blood was often sizy, but recommends one moderate bleeding only, as patients did not bear a large bleeding, and scarcely any a second.

On the other hand, in some epidemics, evacuations of blood are less efficacious, or wholly inadmissible, either from the form of fever being of a less acute character, or from the tendency of the general powers to decline, when active depletion has been adopted. The successful treatment of the disease by bloodletting and other antiphlogistic measures at one season, does not warrant the practitioner in employing the same plan in another epidemic; the type of the fever, the pulse, and the general aspect of the symptoms must be his guide. In the epidemic described by Dr. Withering, such was the state of the pulse, that bloodletting was inadmissible, unless in the autumn, when the color of the rash was not intense, or did not appear at all, the swelling of the throat great, and the pulse firm. Dr. Willan also states, that during the years 1785, 1786, 1787, and since, when the scarlatina anginosa was epidemic in the metropolis, he never saw a case in which bloodletting appeared to be indicated. Whenever it had been employed, great depression and faintness were the immediate consequences, the pulse becoming more weak and frequent, and often irregular. Of two adults who had been bled largely, one died before the period of desquamation, the other lingered in a very precarious state upwards of twenty days, but at length recovered.

It is therefore almost impossible to lay down general rules for the treatment of a disease which varies so much in its character at different times. At one season, or in one epidemic, bleeding may be required—at another, the lancet is to be employed with the greatest caution, and not unless some urgent circumstances arise to require its use. We have seldom had occasion to bleed from the arm, unless in particular instances of unusual febrile excitement, or when some important organ was threatened with inflammation. We generally prefer the free topical abstraction of blood by cupping behind the neck, which is the most effectual mode of relieving the inflammation of the throat, or by the application of leeches under the jaw, or behind the ears. We have seen great benefit also from the free scarification of the tonsils when skilfully performed, though many patients object to this mode of topical bleeding, which is also often not easily performed in timid persons.

We have seldom observed any decided benefit from the use of gargles, indeed the inconvenience felt by the patient in their employment often

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precludes their adoption. The inhalation of the vapor arising from warm water gives much more decided relief.

The exhibition of emetics in the commencement of scarlatina anginosa as well as of the other forms, has been strenuously recommended by some physicians. Dr. Withering prescribed them not only in the beginning, but even in the latter stages of the disease. Their employment, however, should be restricted to the period of invasion, as it has been observed that they are much more beneficial at this stage than when the symptoms are more advanced. The shock which is given to the system by the action of vomiting in the early stage of eruptive fevers is often followed by most decided improvement in the general symptoms and feelings of the patient. Dr. Rush exhibited an emetic, combined with calomel, in every case he was called to, which, besides inducing vomiting, seldom failed to produce two or three stools; in several cases he was obliged, by the continuance of the nausea, to repeat the emetic, and always with obvious and manifest advantage.

The abatement in the symptoms which is generally observed after the bowels have been freely evacuated, has induced physicians to purge freely in the early stages of scarlatina anginosa, and certainly no class of remedies is more entitled to confidence than purgatives, when administered with discernment. Many writers have expressed their doubts of the safety of this practice, from the fear of inducing debility and repelling the efflorescence. Dr. Hamilton, however, has adduced powerful arguments in support of it, and has illustrated his views by an appeal to the result of cases treated in public and private practice. No variety of the disease, as appearing in different epidemics, or in the course of the same epidemic, has hitherto prevented this distinguished physician from following out this practice to the necessary extent. The pungent heat of surface, violent headach, turgescence of features, and full and quick pulse, the earliest symptoms in some epidemics of scarlatina, and which may have suggested and warranted the practice of bloodletting, are often quickly subdued by one or two brisk purgatives. Dr. Hamilton states, that full purging is not required in the subsequent periods of the disease, in which the sole object is to remedy the impaired action of the intestines; to secure the complete and regular expulsion of their contents; and thus to prevent the accumulation of fæces, which never fails to aggravate the symptoms and to prove the source of further suffering to the patient. He has added some very useful hints as to the same activity not being required in the exhibition of purgative medicines in every case of scarlatina, acknowledging, that he had not ascertained to what this different state of the bowels in scarlatina is to be ascribed, and observing

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that on whatever cause the difference depends, it is necessary to adapt our practice in the use of purgatives to the nature of the prevailing epidemic.

In the early stages, when there is nothing to contra-indicate the use of purgatives, a brisk aperient may be exhibited daily. We generally prescribe a combination of calomel and rhubarb at bed-time, and on the following morning a moderate dose of castor-oil, or infusion of senna with manna and sulphate of magnesia. When the cuticle begins to desquamate, and the febrile symptoms decline, active cathartics are improper; at this stage of the disease, it is necessary only to ensure the regular evacuation of the bowels, for which purpose the mildest aperients are best adapted.

Though we have advocated the employment of purgatives in the more severe cases of scarlatina, they are to be prescribed with the greatest caution, if not altogether withheld, when the mucous membranes of the intestines betray signs of irritation or of inflammation. In such cases, the bowels are generally purged, and the dejections of an unhealthy appearance. Under such circumstances, the gastric irritation must be allayed by leeches applied to the abdomen, counter-irritation, and bland nourishment. Aperients, even of the mildest class, must be withheld, until the intestinal derangement is allayed; and should it become necessary to administer an aperient occasionally, the least irritating should be selected; none is preferable to castor-oil suspended in mucilage, with the addition of a few drops of laudanum.

The free application of cold is decidedly beneficial in the acute stage of scarlatina, and more especially in the anginose form. The bed-chamber should always be properly ventilated by frequently renewing the air, and allowing a current of cool fresh air to pass round the patient. If the skin be hot, the body should be occasionally sponged with cold water, by which the morbid heat is rapidly abstracted, and the patient refreshed. The sponging should be repeated when the skin feels pungently hot. The testimony of Dr. Bateman, as to the efficacy of this practice, is very strong:—"We are possessed," he says, "of no physical agent, as far as my experience has taught me, (not excepting even the use of blood-letting in acute inflammation,) by which the functions of the animal economy are controlled with so much certainty, safety, and promptitude, as by the application of cold water to the skin, under the augmented heat of scarlatina, and of some other fevers. This expedient combines in itself all the medicinal properties which are indicated in this state of disease, and which we should scarcely *a priori* expect it to possess: for it is not only the most effectual febrifuge, (the "febrifugum

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magnum," as a reverend author long ago called it,) but is, in fact, the only sudorific and anodyne which will not disappoint the expectation of the practitioner under these circumstances. I have had the satisfaction in numerous instances of witnessing the immediate improvement of the symptoms, and the rapid change in the countenance of the patient produced by washing the skin. Invariably, in the course of a few minutes the pulse has been diminished in frequency, the thirst has abated, the tongue has become moist, a general free perspiration has broken forth, the skin has become soft and cool, and the eyes have brightened; and these indications of relief have been speedily followed by a calm and refreshing sleep. In all these respects, the condition of the patient presented a complete contrast to that which preceded the cold washing: and his languor was exchanged for a considerable share of vigour. The morbid heat, it is true, when thus removed, is liable to return, and with it the distressing symptoms, but a repetition of the remedy is followed by the same beneficial effects as at first." (Practical Synopsis of Cutaneous Diseases.)

[The use of ice internally is the best and most grateful refrigerant. Chlorinated soda, chlorinated lime, or the aqua chlorini, is sometimes added to the water.]

Little confidence should be reposed in any of the ordinary saline remedies. We prefer the mineral acids, more especially the saturated solution of chlorine, prepared according to the directions given in the Dublin Pharmacopœia, which contains about twice its volume of chlorine. Of this remedy a fluidrachm and a half, mixed with eight ounces of water, and two drachms of syrup of lemons, may be taken in divided portions during the day. For children, ten or twelve drops every six or eight hours is a sufficient dose.

The solution of chlorine is readily decomposed by exposure to light and air, and in this state it is very apt to disorder the stomach and bowels, producing sickness, griping pain of the bowels, or diarrhœa. It is therefore necessary, that the remedy should have been recently prepared before it is exhibited. If recently prepared chlorine cannot be readily procured, (though it is obtained by a very simple chemical process,) the diluted sulphuric acid may be substituted.

In the advanced stages of scarlatina anginosa, when the general fever has declined, and the efflorescence has disappeared, it is often necessary to give, with due caution, a little support. Mild nourishment is often sufficient, but should the pulse be soft and rather weak, with a cool skin small doses of quinine in acidulated infusion of roses are generally very beneficial. It is seldom necessary to administer wine, except under cir-

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cumstances of unusual debility after a protracted illness. The moderate use of it in such cases tends much to assist the convalescence.

When visceral inflammation arises in the progress of scarlatina anginosa, no time should be lost in endeavoring to arrest it. In such cases, the judgment of the practitioner must direct him as to the extent to which it is necessary to carry the antiphlogistic treatment. We have already entered so fully into the management of the various local lesions which arise in the progress of fever, (and the indications to be observed in scarlatina are precisely similar,) that we deem it unnecessary to repeat what has been already advanced, (see FEVER,) though the necessity of watching narrowly the state of the several organs, and of adopting suitable measures on the first evidence of local inflammation, cannot be too forcibly impressed on those who may not have had much experience in the treatment of this disease.

3. In *scarlatina maligna*, the acute stage, in which only antiphlogistic measures can with safety be employed, soon passes off, and is succeeded by a low depressed state of the general powers, which renders any form of depletion not only doubtful but hazardous. If the practitioner be called on to treat this form of scarlatina at its very commencement, and before it is fully formed, an antimonial emetic is generally very beneficial, more particularly when the bowels are afterwards evacuated either by the antimony, or by an active aperient. If, however, those means be insufficient to subdue the excitement, moreover if the pulse be rapid and firm, the skin hot, and there be much pain in the head, or delirium, a moderate quantity of blood should be taken from the arm, and another aperient given. This treatment, if adopted at the onset of the symptoms, will generally not only moderate the fever, but shorten the duration and violence of the disease. In many cases, however, such is the violence of the symptoms, more especially if they have been neglected in the beginning, that the acute stage is speedily followed by symptoms of a low typhoid character, which requires a cordial tonic plan of treatment. It then becomes necessary to support the sinking powers by animal broths, quinine, and a moderate allowance of wine.

The volatile alkali has been strongly recommended in cases of malignant scarlatina; it was considered by Dr. Peart to be endowed with a specific power over the malignant scarlet fever and sore throat. He directed two drachms of the carbonate of ammonia to be dissolved in five ounces of water, of which the dose was two spoonsful every two, three, or four hours, according to the urgency of the symptoms. This remedy was administered in every form and stage of the disease, and were we

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to judge from the result of the cases in which this remedy was given, it would appear never to have failed even in the worst. We certainly have tried this remedy repeatedly, but our experience of it does not warrant such an inference; nor do we deem it preferable to other diffusable stimulants. Capsicum is a remedy which appears to have been employed with much success by Dr. Stephens, in an epidemic scarlatina which prevailed at St. Christopher's in 1787, and of which an account was published in the second volume of the Medical Communications, and also in Duncan's Medical Commentaries for the year 1787. This remedy was used in the form of infusion prepared according to the following formula: two tablespoonsful of small red pepper, or three of the common Cayenne pepper, and two teaspoonsful of fine salt are to be beat into a paste, to which half a pint of boiling water is to be added. When cold, the liquor is to be strained off, to which half a pint of very sharp vinegar is to be added. Of this mixture, the dose for an adult is one tablespoonful every four hours, the quantity being diminished in proportion for children. The remedy has been commended by several writers who have employed it successfully; but having never employed it, we cannot offer an opinion of it.

When topical inflammations arise in scarlatina maligna, general bleeding is seldom admissible, unless they supervene in the beginning of the disease: the application of leeches, in numbers proportioned to the age and powers of the patient, is better adapted to the low forms of local inflammation which arise in this malignant disease.

With regard to the local treatment in scarlatina maligna, we may observe, that in the very beginning of the disease, the inflammation in the throat is best managed by the application of leeches under the jaw or behind the ears; but this treatment must be confined to the very onset of the anginose affection, since the inflammation in most cases very speedily passes into gangrene. The vapor arising from warm water may be frequently inhaled. Some physicians recommend the occasional exhibition of an emetic with the view of dislodging the viscid secretion with which the fauces are clogged, and unless the powers be so feeble as to render the shock of an emetic hazardous, benefit is often derived from their employment.

Acidulated bitter effusions, as of cinchona, cusparia, serpentaria, contrayerva, or an infusion of capsicum, prepared as recommended by Dr. Stephens, may be used as a gargle.

A weak solution of the nitrate of silver, or of sulphate of copper, applied by means of a proper syringe, after the throat has been well cleansed by warm water, often improves the aspect of the ulceration.

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Dr. A. T. Thomson recommends the chlorosodiac solution of Labarraque in the proportion of f.ʒxii of the solution to f.ʒvss of water and ʒiv of honey, as an excellent gargle. The same solution in the proportion of ʒvi to ʒv of water, without the addition of honey, if frequently thrown into the nostrils by means of an elastic bottle mounted with a tube, soon removes the coryza. (Bateman's Practical Synopsis of Cutaneous Diseases, edited by Anthony Thompson, M. D.)

Fumigations by the nitrous acid gas, (separated from pulverized nitre by the strong sulphuric acid,) or the nitro-muriatic acid gas, (chlorine,) (separated from a mixture of equal parts of pulverized nitre and of sea-salt, by the strong sulphuric acid,) have been strongly recommended by Willan.

It is almost superfluous to state, that proper ventilation is most essentially necessary in this, as in the other forms of scarlatina. The admission of fresh air around the patient generally invigorates his powers, and often proves a most excellent tonic. Warm sponging, a tepid bath, or if there be much cerebral disturbance, fomentations to the extremities may be employed in addition to the other means.

The treatment of the dropsical effusion which we have described as an occasional occurrence towards the termination of scarlatina, is to be regulated by the condition of the system, and more especially of the several internal organs. The effusion in general speedily disappears under judicious treatment; in all the cases which have fallen under our notice, the dropsy has been evidently dependant on general or local excitement, which it was necessary to subdue by blood-letting and purging, after the adoption of which measures the effusion quickly vanished. In some instances, when the state of the pulse did not require the abstraction of blood, a few doses of brisk purgatives have carried off the fluid: in others, the activity of the circulation, the heat of skin, scanty urine, and oppressed breathing at once suggested the necessity of blood-letting, from which the most decided relief was immediately obtained, after purgatives and diuretics had completely failed. The efficacy of the antiphlogistic treatment of dropsy succeeding to scarlatina has been corroborated by many practical writers in other countries as well as our own; and though some still hesitate to adopt the practice, we are satisfied that in cases accompanied with phlogistic symptoms, it is the only safe and rational mode of treatment. Besides, when we consider the condition in which the internal organs have been occasionally found in fatal cases of scarlatina complicated with the dropsy, the propriety of antiphlogistic treatment is apparent. We admit that in some instances, in which the symptoms are of a less acute character, blood-letting may

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be dispensed with: we allude more particularly to those in which, though the general powers be feeble, there is congestion or chronic insidious inflammation in some organ. Under such circumstances, topical bleeding, mild purgatives, and diuretics, with a bland diet, will be found more appropriate measures. As to the employment of tonics, on the supposition that the dropsical effusion depends on loss of power or tone in the exhalants, we confess we are skeptical as to this being the pathological state of the vessels in any case of dropsy succeeding to scarlatina, and therefore we are disposed to place little or no confidence in this class of remedies. When the effusion has been removed by suitable measures, pure air, mild nourishment, and attention to the bowels will be found the best mode of invigorating the general powers.

A. TWEEDIE.

ART. 2.—*Researches of MM. Andral and Gavarret on the Composition of the Blood.*

MM. ANDRAL and GAVARRET have communicated the results of their further researches on the composition of the blood in disease. These researches tend still more to confirm the law which they previously found to exist with reference to the increase of fibrin in inflammatory diseases, and its decrease in adynamic. In four cases of acute meningitis, free from complication, which terminated fatally (a malady that they had not yet been able to study under this point of view,) the blood drawn from the first bleeding did not present more fibrin than in the natural state. As the symptoms became more decidedly inflammatory, the quantity of fibrin increased from two-eighths to three-fourths, and at last to five-fourths; and that even before the nature of the symptoms had clearly announced the transformation of a simple continued fever into inflammation of the meninges, the increase in the quantity of the fibrin contained in the blood forewarned it, constituting the first evidence of its manifestation: in these four cases of meningitis, the autopsy rendered it possible to appreciate, to their full extent, the changes which took place in the meninges and encephalon.

In several cases of saturnine epilepsy, the quantity of fibrin was normal, a circumstance which corresponds with our idea of the disease. In a case of jaundice, with pain in the right hypochondrium, tumefaction of the liver, and febrile reaction, the quantity of fibrin had increased; as also in women who presented, several months after delivery, the symptoms of a slight degree of inflammation of the uterus, and of the annexed organs; in a case of phlegmon of the right iliac fossa, which

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appeared on a woman delivered a few weeks previously; in a paralytic female, when an eschar, that had formed on the sacrum, separated; and lastly, in a case of erythema nodosum.

In forty cases of typhoid fever, free from complication, the quantity of fibrin always remained below four, and lowered even as far as two and one. In these forty cases there was a complete analogy between the diminution in the amount of fibrin and adynamia.

The blood of a person who died from purpura hæmorrhagica, only contained 0.9 of fibrin, and there was only 0.6 in the blood of a man of fifty years of age, who, whilst being treated at the Charité, for cirrhosis of the liver, accompanied by its ordinary symptoms, all at once fell into a state of extreme prostration, with fever and delirium. When the bodies of these two patients were opened, the only anotomical data which had any reference to the last symptoms which they presented, were a liquid state of the blood in the heart and the large vessels, and ecchymoses in different parts of the sub-serous and sub-mucous cellular tissues.

The above results, substantiating the previous researches of MM. Andral and Gavarret in every respect, they are inclined to think that the examination of the varying proportions of the fibrin of the blood in certain diseases, may be of great use to determine the nature of disease, and to assist diagnosis.

MM. BECQUEREL and RODIER have likewise presented to the Academie des Sciences an analysis of researches similar to those of Andral. They have arrived at precisely the same results. But they have also ascertained two new facts—Firstly, that the proportion of cholesterine increases in the blood from forty to fifty years of age, as well in woman as in man. Secondly, that the proportion of this substance increases along with that of the fibrin in inflammatory diseases, whereas, on the contrary, the albumen diminishes.—[London Lancet.

ART. 3.—*On the degenerescence of Vaccine Matter.*

M. VIARD has been performing comparative experiments in order to ascertain the differential characters of the development, progress, and duration of the eruption of the vaccine matter taken from the cow in 1836 and 1844. The following are the conclusions at which he has arrived:—It is not, as is generally supposed, in the degree of development of the vaccinal pustules on the eighth or ninth day, that he must look, as is generally supposed, for the degenerescence of the vaccine matter; but in the progress, and more especially in the duration, of the eruption, which diminishes progressively. In 1836, the vaccine of Jen-

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ner, after nine and thirty years sojournation in the economy of man, gave rise to pustules which, on the twelfth day, were perfectly dried; whereas pustules, originating from vaccine matter, taken from the cow that year, dried only on the seventeenth day. At present, the vaccine of '36 dries on the thirteenth or fourteenth day; whereas that recently taken from the cow (1844) only dries on the seventeenth. Thus, in sojourning eight years in man, the vaccine of 1836 has decreased in its power of keeping up the eruption. M. Viard consequently concludes that vaccine matter should be procured fresh from the cow every five or six years.—[London Lancet.

ART. 4.—*On a New Remedy for Psoriasis.* By JOSHUA WADDINGTON, Esq., consulting Surgeon to the Royal Sea-Bathing Infirmary, Margate.

With the view of rendering as public as possible the easy means I have for some time past adopted of speedily subduing a very common, and if treated improperly, a very dangerous disease, I avail myself of the extensive circulation of the Lancet, to state, that in the treatment of psoriasis diffusa, or palmaria, the best application is the ol. palm. cocc. (cocoa-nut oil,) diluted with equal portions of ung. cectacei. The affected parts should be washed every night and morning with tepid *rain* water, then made quite dry, and the ointment applied lightly, (with a camel's hair brush;) over this, oiled-silk should constantly be worn.

I need scarcely remark, that pilul. hydr. sub. comp. (Plummer's pill,) gr. x., each night at bed-time, with liq. potassæ, m. xx., three times a day, are among the best *internal* means of treating psoriasis diffusa, joined with great care as regards regimen: no salted meats, no shell-fish, no fermented liquors, no acids; the less fruit and vegetables the better.

After twenty-eight years' extensive practice at the sea-side, I venture to add, that warm or cold sea-bathing is not generally advisable in cases of psoriasis diffusa, and have often been attended with dangerous results.

At some future period, when professional avocations are fewer and less pressing, I intend to submit to the public a more particular account, both of my theory and practice, as regards psoriasis, and other eruptive complaints, accompanied with a schedule of the cases I have treated. [Lond. Lancet, March, 1845, p. 243.

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ART. 5.—*Singular Case of Luminous Breath.* By G. C. WATSON, Esq., M. D.

(Communicated to the Liverpool Pathological Society, by Dr. Gill.)

Dr. WATSON is permitted to report the following notes of a case which occurred in the men's sick ward of the West Derby Union Poor House, near Liverpool, by the surgeon, Mr. Fell :—

W. M———, aged forty-seven, was admitted into the above institution on the 17th October last. He complained of hæmorrhage from the bowels, and severe cough, with expectoration; pulse at 110. The hæmorrhage was soon relieved by appropriate remedies, but the cough and expectoration continued to get worse. About the beginning of November anasarca began to shew itself, and increased until the day of his death, which took place on the 16th Nov., at half past eleven P. M.

The *habits* of this man had been *drunken*; his occupation that of a laborer. No other particulars regarding his history, or the more precise nature of his broken-down health could be obtained, the man having been a stranger, and nothing particular occurring in the progress of his ailments up to the dying hour to attract special attention. Dr. Watson had to regret that the outline, therefore, of the case was so meagre; in fact, owing to the lateness of the hour when he sank, no medical eye witnessed the phenomenon attending his dissolution, which is the subject of the subjoined statement; the man who was on night duty and the usual male nurse of the ward not deeming it necessary to disturb the house, or any one about, because he despaired of any thing being availably done for the evidently expiring man. Frightened, however, by the sight he had witnessed, and regarding it in a superstitious light, the natural result of his ignorance, he looked upon it in a *moral rather than a medical* aspect, and therefore, did not mention the affair till two days after, when the corpse had been removed from the house for interment. This accounts for the fact of no post-mortem examination having been made; the surgeon was not made acquainted with it, or an autopsy would have been instituted, though it does not follow that any additional light would have been thereby elicited. Dr. Watson took down from the nurse's own lips, some time after, the following, being as he vouched, a solemn statement of the truth :—

Nov. 16th.—Eleven, P. M. Nurse observed a "*red-hot coal-like* break on M———'s *mouth*, and, (playing) *on his right cheek, and top lip*," as he lay in the insensibility of approaching dissolution. This flame lasted for about twenty minutes—i. e., until death. Nurse rubbed his eyes, thinking he might be mistaken in the fact before him, and also called to a man lying in a bed opposite to jump up and look at the flame

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out of M——d's mouth; this man, was a patient, who occasionally acted for the nurse, distinctly observed the "red-hot" appearance on the cheek.!! At this time, neither of them went up to the dying man (M.) whilst this luminosity of breath continued; but after the breathing had ceased, and with it the light of close combustion had disappeared, then the nurse went up to the bed, and tied up the chin of deceased: this was, as near as he could tell, about half-past eleven. M.——— was unconscious of the singular appearance of his face; at least, such the nurse thought, because for the hour previous to his death, he had not spoken a word. It may be remarked, that he might have been conscious of this, as also of the fact of his dying, but that he was too enfeebled to speak; this cannot be determined; only the impression on the mind of the nurse was, that *he was insensible during the whole of this luminous combustion* of the breath; he lay with his eyes open, on his back. The "flame was *red, just like red-hot coal fire,*" to which the nurse and the other man, (McIvor) both compare it. Nurse pointed to the centre of the clear fire then burning in the ward when these notes were taken; it was "*not blue,*" it was *persistent* with the breath of *expiration,* ("when he breathed out") and not *lambent* ("*not* flickering, coming and going.") There was in the room, which was about twenty or thirty feet long, a common "raked" fire in the fire-place at one end, close to which the nurse stood, and a gas-jet burning low ("*very* low,") suspended from a rafter in the middle of the room, and about twelve feet from the dying man's bed. At first, on puzzling over the strange appearance of flame from the mouth of a dying man, and awestruck with what they had never witnessed the like of before, they began to fancy whether it could have been caused by the reflection of the fire or of the gas, but they soon became satisfied in their own minds that it could not be owing to either.

There "had not been any wandering of the dying man's senses." Nurse did not speak to him, nor he to the nurse, during the above.

Mercer had not been taking any phosphoric medicine at all, nor any alcoholic stimulant during that day, or for six weeks previous, though he bore the character of being a drunkard. Nurse and McIvor were both terrified so much, that they dared not stir from their place until the flame had ceased. It seems worth while quoting the expression of the nurse, not as an embellishment, but because it adds much to the verisimilitude of the narrative, as indicating positively a state of mind produced by the occurrence; and it accounts for what was stated in the beginning—viz: that the thing was not reported to the governor or surgeon until two days after, owing to the fact that the two witnesses of the above scene, viewed it in a *moral* point of view, and as quite *out of the department of*

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physiology or physic, and thus, from a reserved feeling about exposing the last state of a man whom they judged to have been in death visited, as it were beforehand, with the terrors of future judgment. M——— had been swearing and blaspheming the day before. Nurse states that McIvor exclaimed, thinking of the man's character, "God bless me!—it is dreadful to look at it; it seems like a punishment, as he was so wicked a man!" McIvor was too frightened to go near the bed, even after death.

Nurse states that there was not the slightest singeing of the face, whiskers, or night-cap, to be detected afterwards; the cheek was pale, and nothing extraordinary about the corpse could be observed.

Dr. Watson took down afterwards from McIvor, his account of the affair, but not until a week after, McIvor having left the house before the nurse's account was noted down, and having had no chance of seeing the nurse since; Dr. Watson's reference to McIvor having been made circuitously, and not through the nurse, so that there might be little chance of collusion between them to tell the same tale.

McIvor was a respectable man, though a pauper; his account Dr. Watson had taken down, from his own mouth in full, and McIvor signed it afterwards, averring for the truth of each word of it, in corroboration of which, he offered to make oath, but this was not wanted.

This second account, corresponding essentially to the story of the nurse, was read to the Pathalogical Society; but as it is a repetition chiefly of the other, it is therefore needless to lengthen this account by inserting it, except that McIvor dwells upon the "*working of the mouth and features*," of the dying man previously.

Dr. Watson stated that although the surgeon was, like himself, only a listener to the account, yet on both their minds there was not a doubt of the truth of the fact as stated; and the surgeon added, that the nurse had been depressed in mind and body for some days after, and could not sleep at night for the recollection of it.

Dr. Watson referred the Society to the elegant paper by Sir Henry Marsh, Bart., of Dublin, reported in the *Provincial Medical and Surgical Journal*, on "The Evolution of Light in Living Beings," wherein some parallel, though not similar, cases were quoted, on the authority of Dr. William Stokes and others, including Dr. Macartney's "Theory of Evolution of Light from Animals." The opinion seemed sound and philosophical, as broached by Sir Henry, that all disease is incipient death, wherein the laws of vitality are gradually succumbing to the laws of chemical affinity and general attraction; during which struggle it is possible that the progress of chemical changes in vitalized structure

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may develop adventitious properties of unusually recorded character under such circumstances, such as the manifestation of light, &c.

SURGERY AND OPHTHALMOLOGY.

Art. 6.—*Spontaneous expulsion of the Hyoid Bone.*

This singular case was communicated by M. Rozat, of Bordeaux. An unmarried lady, thirty-six years of age, of rachitic constitution, altho' enjoying good health, was seized with a cough and difficulty of respiration, accompanied by submaxillary glandular swellings. These symptoms gradually became more intense; fits of suffocation, colliquative sweats, and general marasmus ensuing. She often expectorated purulent sputa without coughing. Her state seemed hopeless, when, five years from being first attacked, she threw up, in a convulsive fit of coughing, a bone, which was found to be the hyoid bone, in a state of caries. All the abnormal symptoms then rapidly disappeared, and she soon recovered her health. The shape of the neck was modified, being flattened and widened.

M. Blandin suggested that the expelled bone was probably necrosed and not carious, as stated by M. Rozat.

Art. 7.—*Black Cataract.*

M. Trinchinnetti showed two chrystalline lenses, which he had extracted from an old man, whose eyes, viewed externally, presented nothing abnormal. The right was smaller than natural, indurated, of a brownish-black color. The anterior capsule was transparent in the centre, rather opaque at the circumference. The left lens was of an amber yellow color, smaller and harder than in the normal state, but a fifth larger than the right. In both cases, the vitreous humor was normal; the yellow spot of the retina had nearly disappeared, and the black pigmentum of the choroid was diminished in quantity. M. Trinchinnetti stated, that in his opinion, black cataract was only a very advanced stage of the amber-yellow coloration of the chrystalline lens met with in nearly all the aged, and, that, consequently, in the present case, the right chrystalline lens merely represented an advanced stage of the change that was also apparent in the left.

M. Fabio did not agree with M. Trinchinetti. He believed that black cataract was the result of chronic uveo-choroiditis. In two cases

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of black cataract which he had examined after death, he had found the anterior capsule of the lens thickened, and colored in black by the pigmentum of the uvea. If the anterior capsule is thus loaded with pigmentum, it is because, participating in the state of the choiroid membrane, and being swollen by inflammation, it is in more intimate contact with the uvea. The difference in the size of the lens in this form of cataract depends on the hpertrophy which occurs in the first stages of inflammation, being subsequently followed by atrophy.

ART. 8.—*Cesarian Operation.*

M. BORSA BRESCIANI related a case of Cesarian operation successfully performed by him on a young woman, twenty years of age. The sacro-vertebral angle was abnormally prominent, and the antero-posterior diameter only two inches. The obliquity of the uterus was such, that it lay, as it were, in the iliac fossa. Although metro-peritonitis followed, the wound was cicatrized on the twenty-first day, and the woman quite well on the fortieth.

ART. 9.—*Tannin a Cure for Toothache.*—Mr. Druit, in recommending the use of tannin as a remedy in cases of sore nipple, of salivation by mercury, of apthæ, &c., says:—

"But of all the cases for which it is adapted, that common troublesome complaint, toothache, is that in which I believe it is most to be depended on. When the tooth aches, let the patient wash out the mouth thoroughly with the solution of carbonate of soda in warm water; let the gum around the tooth, or between it and its neighbors, be scarified with a *fine* lancet; then let a little bit of cotton wool, imbued with a solution of a scruple of tannin, and five grains of mastich, in two drachms of æther, be put into the cavity, and if the ache is to be cured at all, this plan will put an end to it in nine cases out of ten."—[Lond. Lancet, vol. i. p. 251.]

ART. 10.—*Case of Secondary Syphilis treated by a Water-Quack as Rheumatism.* By JOHN HEY ROBERTSON, Esq., M. D., Glasgow.

I was requested to see a young person, said to have been for a long time laboring under rheumatism.

On calling at about two, P. M., I found a very young looking man,

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just risen from bed, and his limbs and joints swathed in many folds of wadding and flannel. Right wrist inflamed and much swollen; parts all around thickened and painful, even to gentle fingering; knees and ankles also much affected; the latter very bad indeed, swollen and shapeless. He tried to walk, to show me what he could do. It consisted of a most sorry attempt, leaning his whole weight on a relative, and slowly trying to lift a foot from the ground, without bending the ankle, this accompanied with considerable pain. Over the left ankle, and towards the front of the joint, there are two swollen bursæ, as large as good sized walnuts. On both limbs, from his ankle to the knee, and higher on the back part of the thigh, even as far up as the hips, there is a profusion of copper-colored blotches; here and there a scaley patch, and on the dorsal and sacral regions, a great number, but in different stages. On cross-questioning him, it was admitted that the scales fell off, and were *reproduced*, &c.; throat unaffected.

The account given by himself and his friends was, that having had small-pox some six month ago, *the pocks had never fairly healed up!*—that he must have returned too soon to his occupation, for he shortly after got his "rheumatism," for which he had been under a certain publicly professed *water-doctor*, for some months, but returned home worse than ever.

He underwent, for the cure of this supposed rheumatism, the usual local and general water treatment, including the repeated use of the wet sheet, and the other peculiarities of the wise man of Grafenberg.

Imagine the astonishment and indignation of all concerned, on my intimating to them that it was a case of secondary syphilis, of exceedingly easy detection, but complicated by the grossest mismanagement.

On my putting the question to the young man, he admitted having had primary disease nine or ten months ago, and with some difficulty I got him to confess that "a *friend* (non-medical) had healed it!"

The hydropathists pretend to cure lues by cold water, and call mercury and all other medicines *poisons*. On inducing profuse perspiration, they say, pointing to the fetor that is present in all or in most instances of profuse perspiration, "there is the mercury coming out of the system!"

In this case they had no mercury to deal with, but a simple untreated case of syphilis, and instead of the syphilis being driven out of his system, it was permitted to become worse, if they did not actually make it worse, superadding to evils great enough already, other evils, which seriously complicated the case, and entirely for months disabled the patient, and which were undoubtedly, to be laid to the account of the water cure.

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The person who keeps this cold-water shop, moreover, professes to be a member of a Metropolitan College of Surgeons, and yet seems not to have known the nature of this very evident and very gross case, when he saw it. At any rate, it will be admitted, either that he knew the disease or that he did not. If the latter, how is he to escape the charge of ignorance? If the former, how is he to escape the greater charge of dishonesty? For, will it be said, that he knew these symptoms to be lues, and yet persisted in measures he could not help knowing were unlikely to cure the patient, and which he could not help seeing were adding to his evils? He is welcome to the honor of either dilemma.

The disease was, of course, called and believed to be "rheumatism," else the patient would neither have been sent to the cold-water establishment, nor allowed to remain there, had the discovery been made sooner. He had several pains during the night, depriving him of sleep, and was, when I saw him, merely getting himself well rubbed, and the severely afflicted parts kept warm, in despair of any medical treatment doing him any good!

I put him at once under the action of some of those substances which are familiar to the profession, and in judicious hands so invaluable, but which the water people, with characteristic recklessness, call "poisons," forgetting that their arguments, if arguments they can be called, are reasons against, not the use, but the abuse, of remedies. As well might they bid us decline the help of a candle or gas, because light will blind us—or to warm ourselves, because the fire can burn us. In short, all that it resolves itself into is comprised of two words—IMPUDENCE and ABSURDITY.

In rather more than a week I saw the patient again. His system was slightly under the influence of the medicine ordered, and every pressing symptom relieved. He no longer complained of pain, and had not an atom of anodyne medicine. One of his ankles had nearly resumed its old size, and he came out of bed to show me how well he could walk! He still leaned upon a relative, but the difference in *weight* was very great, and he bent his ankles in walking. The blotches were of course, as yet, only a little affected. I found him, and those about him, full of gratitude, and, from despair, filled at once with encouragement and hope.

The case, I make no doubt, will ultimately do well, and is offered to the readers of the Lancet as an illustration of the diagnosis, and success of the class of persons referred to at the head of this paper.—[London Lancet, vol. i. p. 246.]

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THE WESTERN LANCET.

CINCINNATI, APRIL, 1845.

RETROSPECT.

Prof. Harrison details a case (p. 5) of hæmoptysis, with supuration of a portion of the right lung, accompanied by hypertrophy of the right ventricle of the heart. The author supposes this case to have been originally hypertrophy of the right ventricle of the heart, and the affection of the lungs to have originated as a consequence of the impulse of the circulation. There can be but little doubt that chronic pneumonitis existed in this case, most probably the result of the increased action of the heart; the effusion of blood may have been the exciting cause of the abscess, inflammation being set up in the vicinity of the clot. This case is instructive, chiefly in view of a secondary disease of the lungs resulting from affection of the heart. In organic diseases of the heart, the practitioner's attention should be carefully directed to other organs likely to suffer by derangement of the central organ of the circulation.

Dr. E. S. Cooper, (p. 7,) gives the history of several cases of *congestive fever*, treated principally by external stimulants and the hot air bath. In the first case detailed, the countenance was idiotic; eyes dull red and suffused, extremities cold, skin relaxed, pulse small and irregular, great difficulty of breathing, inability to speak distinctly, but constantly muttering unintelligibly. Under these circumstances, the hot air bath was applied, and the heat inside of the apparatus raised to 125°, at which temperature it was continued for half an hour. The immediate effects of the bath were a restoration of the circulation, the pulse becoming full and the extremities warm, skin nearly natural and the respiration easy. The patient ultimately recovered, the bath having been occasionally repeated, together with sinapisms and epispastics to the

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extremities, mercurial purgatives, quinine, and remedies to meet such conditions as arose during the progress of the case. Two additional cases are detailed, principally for the purpose of illustrating the beneficial influence of the hot air bath. There can be no doubt that external stimulants exert a most important influence in all instances where the equilibrium of the circulation has been impaired; and that the *hot air bath* is a judicious and energetic method of producing external excitement, especially in congestive fever, there can be no doubt.

Few subjects are of more intrinsic importance to the practitioner, especially of the West and South, than that of what is called *congestive fever;* and this importance relates to pathology and treatment. Practical medicine is based upon two distinct departments of medical science, and these are, first, *pathology*, and secondly, *therapeutics;* and pathology is based on anatomy and physiology. It is, therefore, indispensable to the subsequent attainment of accurate practical knowledge, that the student become well versed in healthy structures and healthy functions and diseased structures and diseased functions. We refer to these views as elementary principles, and only remark farther in this connection, that no subjects are more neglected in this country, than physiology and pathology. These departments, it is true, should not be considered paramount to all others, but at the same time they are certainly not inferior, *even in their practical bearing*, to any other branch of the science. The cultivation of therapeutics and the disparagement of the branches referred to, will inevitably result in *empiricism;* and to this source can be traced what is known as a *routine practice.*

The preceding observations have been made with special reference to *congestive fever.* A little reflection will convince us, that the most vague and contradictory views prevail in relation to the pathology of congestive fever; this is sufficiently evinced by the want of uniformity in treatment. One practitioner will bleed, another condemns the abstraction of blood; one applies the cold dash, another relies on the hot air bath; some rely on calomel, others on quinine; and the result is, that no settled treatment exists as a guide for the young practitioner. Now we apprehend that much of this difficulty would be relieved, by arriving with more accuracy at the true pathology of the disease; and for the purpose of exhibiting our views more forcibly and clearly, we will advert to a single feature in this disease. The fever is called *congestive* because there is an obvious inequality in the circulation; the capillary action is greatly impaired, and consequently the circulation of the blood, secretion and respiration, are all deranged in proportion to the violence of the diseased action. The rules of practice for the relief of

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this condition are too commonly drawn from the obvious condition without any reference to the antecedent state of the vital actions, resulting on congestion. If inequality exist in the circulation, that must depend on some cause operating on the system so as to derange vascular action, and without some knowledge of the moving power of the circulation, we will be unable to comprehend the nature of the change. It is a universal opinion of the profession at this time, that congestive fever is caused by *miasmata*; and without instituting an inquiry into either the nature of this obscure agent or its exact mode of action, we think facts warrant the opinion that its action is *primarily* upon the *nervous system*. All the phenomena of the initial stage evince this condition. To advert to a primary law, we know that the capillary circulation is more immediately under the influence of nervous action than the larger vascular branches, and this leads us a step further in the process of congestion. The due maintainance of the pulmonary capillary circulation depends greatly on the integrity of the nervous system; thus, a lesion of the eighth pair uniformly results in pulmonary congestion, the action of the minute vessels having been so impaired as to incapacitate them for the due transmission of blood. But the morbid action is not limited to the pulmonary circulation. The impediment existing in the lungs necessarily deprives the left cavities of the heart of a healthy supply of blood, and they become comparatively empty, while at the same time the right side is engorged. This state of the pulmonary circulation, and a similar condition existing in the systemic and portal capillary systems, the embarrassed state of the circulation, and the congestion and inflammation of certain organs, ceases to be a mystery. But suppose the physician looks alone to the circulation, disregarding the nervous system, and attempts to cure congestion by bleeding or purging, or ptyalism, or external applications, what is the result? The result is that the patient *may* recover, for example after a bleeding, but he *may* sink in consequence of the impaired nervous function; and, under the most favorable construction, the patient loses the aid of a most important class of remedies. Now the truly philosophical practitioner, governed by enlarged views of healthy and diseased actions, will embrace in his therapeutical range, not only the blood-vessels but also the nervous system, and every agency connected with the deranged action. Hence it is, that the administration of the sulphate of quinine is so rapidly superceding the purgative and mercurial treatment in congestive fever; and there can be no doubt, that so long as this course is restrained within rational limits, subservient to the principles of true eclectic philosophy, with the necessary and appropriate adjuvants in treatment, it will afford to the patient a

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better prospect of recovery than resulted from the former treatment We have thrown out these hints for the purpose of inviting attention to the pathology of congestive fever, and the general bearing of the question on practical medicine, not intending our hasty remarks as a full exposition of even a single point connected with this interesting topic.

Dr. Diver, (p. 17) introduces (with a wood-cut) a case of deformity from burn, successfully treated by *plastic operation.* Operations for the relief of deformities caused by burns, are often judicious an eminently successful. When restrained within proper limits, and confided to careful and prudent operators, unsightly deformities may frequently be relieved, and comparative comfort restored to the patient. It can scarcely be said, however, that plastic operations in general have maintained the diversified range assigned them at a former period; but like many other modern improvements, plastic surgery has been abused by the adventurer who is desirous of gaining notoriety rather than to practice an art according to plain and simple rules.

Dr. Chamberlin, (p. 5) narrates several cases of *club-foot*, successfully treated. Perhaps no subject connected with operative surgery has been so much abused as that known as *tenotomy;* but these abuses are not valid arguments against a judicious performance of the operation, and its application to suitable cases. In correcting the deformity of the club-foot, it seems necessary to combine the operation and suitable mechanical means to reduce the deformity after the division of the tendon. The failure to apply a proper apparatus has often been the cause of failure, and a necessary disparagement of the operation.

An account of the botanical and therapeutical relations of *Indian Hemp* was inserted (p. 32) in which several cases were detailed by Dr. O'Shaughnessy, illustrating its influence over the nervous system. Three cases of traumatic tetanus are reported, in which the extract of hemp proved entirely successful The extract was administered in doses of two to three grains repeated every second or third hour. The active properties of the Indian hemp reside in the resinous secretion. This secretion is absent in the European hemp, and doubtless also in that o f the United States, though we know of no positive experiments to prove this declaration. There is a very close physical resemblance between the European and Indian hemp, and it is not improbable the medicinal properties of the latter depend on the effects of climate. It is somewhat remarkable that this active agent has not been more extensively employed in the United States; but comparatively few practitioners, we believe, have ever seen the article. We earnestly commend every phy-

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sician to provide himself with the article, and to test carefully its effects. We should not be without so potent a remedy, as this undoubtedly is, if we are called to treat that usually intractable disease, tetanus.

Dr. Hulse, (p. 53) alludes favorably to the climate of *Pensacola* as a residence for consumptive patients. This location is favored in the summer by refreshing breezes from the sea, which moderate the temperature of the atmosphere, and render it agreeable and refreshing; and being remote from mountains, the cold winds of winter are comparatively mild in their action. The testimony of Dr. Hulse on this subject is entitled to great confidence, he having resided at that point for a sufficient length of time to become familiar with the peculiarities of the climate. There is perhaps some error in the minds of many in relation to the protective agency of a southern climate in cases of phthisis pulmonalis. The debilitating effects of southern latitudes, and the dangerous attacks of fever, will, in most instances, more than counter-balance the beneficial effects arising from a warm atmosphere. Hence it is of the greatest moment to those who seek a warm climate, to select such a situation as may obviate, to the greatest possible extent, the very serious difficulties referred to above. With these precautions, advantage in some cases may be derived from a residence in southern latitudes; and that Pensacola is one of the best in the United States, we have no doubt.

On p. 64, Dr. B. Rush Mitchell introduces the subject of the causes of death in fever. The writer sets out with the opinion, that death does not and cannot occur from *idiopathic* fever, that is, from a *general* disease; but he is of opinion, that a local affection, in all instances, must supervene, before death can occur; that fever proves fatal only by congestion or inflammation of some particular part or parts, organ or organs. The author seems willing to admit such a thing as idiopathic fever, and repudiates the doctrines of Broussais, Clutterbuck and others, that fever is essentially local inflammation, but he believes it to be merged into inflammation or congestion of some organ before death can occur. It is well known to all observing physicians, that local affections commonly occur in fevers; but at the same time, it is now well understood, that there is such a condition as idiopathic fever; and if idiopathic fever can exist, why may it not exist sufficiently long to prove fatal? Such, we think, may be the case, and we infer this from general principles, as well as the more positive testimony of cases in which the general powers of the system seem to be exhausted, and the patient sinks from a loss of vital action, without any obvious local disease. Still it must be admitted, that by far the greater number of cases exhibited unequivocal marks of local disease; and it may turn out in the end, that these we have

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regarded as idiopathic, depended, really, upon some latent form of local disease, and possibly, upon organic lesion. To say the least, however, the practitioner's attention should be withdrawn from the local affections so constantly occurring in fevers.

On p. 68 will be found the opinions of several eminent physicians on the subject of inflammation. Dr. WATSON is of opinion that *mercury* has a peculiar power of arresting inflammation, and preventing the deposition of lymph; it is, however, to be regarded as auxiliary to bloodletting and not as a substitute for it. According to the same author, it is likely to do harm in erysipelatous and scrofulous affections, and in cases of general debility. He prefers calomel, in two or three grain doses, every four or six hours, until the gums become slightly affected. Dr. ALLISON admits that mercury exerts such a power over some *forms* of inflammation, such as *iritis;* but that it will equally control *internal* or *visceral* inflammations, he thinks more doubtful. He doubts the necessity of inducing ptyalism for the purpose of securing all the influence that mercury can exert, and, therefore, it has no specific influence. Professor Lallemand gives his testimony in favor of the use of large doses of antimony, in cases of inflammation, without producing permanent debility. He thinks this remedy has succeeded when mercury has failed. We are not inclined to rely on mercury as a common remedy in inflammation. The fact that it may prevent, to some extent, the deposition of coagulable lymph, cannot be received as evidence that it equally cures inflammation. The existence of *fibrin* or *lymph* is not the *cause* of inflammation, but merely one of its conditions; and hence, if that state were removed, it would cure the disease. Moreover, the *obvious* effects of mercury are those of an excitant, and consequently it would not be likely to subdue a state of over-action. We regard tartrate of antimony as a remedy more to be relied on in inflammation, than the mercurial preparations.

Litheçtasy, (p. 78) as we predicted at the time of publishing the article, has not met the expectations of its early advocates, at least we infer as much from its evident neglect.

Keratoplasty, or transplantation of the cornea, (p. 85) seems not likely to succeed. Experiments were first make by M. Reisinger, of Augsburgh, in 1818, and in 1831 they were repeated, but without success, by the celebrated Dieffenbach. In an experiment made by Dr. Kissam, detailed in the Edinburgh Medical and Surgical Journal, a cornea was obtained from a pig and transplanted to an Irishman's eye, affected with staphyloma and adherent iris. The cornea was secured by two ligatures; adhesion took place, and vision for a time was improved, but

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at the end of a fortnight, it became opaque, and in one month it was absorbed. We will not say that success in keratoplasty is *impossible*, but it is evidently a very *improbable* event.

Dr. Stewart (p. 133) directs attention to *irregular contractions of the uterus* as a cause of tedious parturition. A case narrated by Dr. Wilson illustrating the same condition. Dr. Stewart deemed it expedient to apply the forceps as the uterus was supposed to be endangered by the violent action. Irregular contraction must have come under the observation of every practitioner; but that the application of the forceps becomes necessary to expedite delivery, will be regarded as exceedingly doubtful, at least by American physicians. Venesection, antispasmodics, and *time*, will usually be sufficient to overcome the difficulty.

Artificial dilatation of the os uteri (p. 135) is strongly recommended by Dr. Breen. He advises that the artificial dilatation should not be attempted for at least ten hours after the commencement of true labor. The dilatation is accomplished, by Dr. Breen, by introducing two fingers, either between the os uteri and the membranes, or if these be ruptured, between the os uteri and child. The fingers should be used for the purpose of dilatation only during the action of the uterus; he thinks about two hours will usually be sufficient to accomplish the dilatation.

Differences of opinion exist in relation to the propriety of interfering with the *first stage* of labor; indeed the most common opinion is, that this stage should be permitted to progress to its termination without interference. Dr. Hamilton, it is well known, inculcated different views; and it seems now that they are becoming prevalent with others. After insisting upon the propriety of this course, and pointing out the advantages resulting from it, he remarks: "It was not till the year 1800, therefore, that the author ventured, in lecturing, to state the result of his observation and experience for about fifteen years, that unless the first stage of labor (supposing that there are regular pains) be completed within twelve or fourteen hours from its real commencement, the following consequences may be dreaded." He then enumerated the evil consequences resulting from an undue protraction of the first stage, such as failure of the uterine powers, irregular contraction and retention of the placenta, hemorrhage, and subsequent inflammation. And Dr. Hamilton confidently asserts, that in no instance for thirty-five years, when the first stage was completed in the time specified, has labor been protracted beyond *twenty-four hours*. Great care, however, is demanded on the part of the young practitioner, to distinguish, in computating the duration of the first stage, between real and spurious labor. With proper precautions, it may be occasionally interfered with advantageously to the patient.

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The function of the lymphatic vessels (p. 186) is treated of by Dr. Willis. He advances the opinion, that the lymphatics perform the same office for the deep-seated tissues, that the dudoriparous glands do for the superficial, that is, the abstraction of a portion of the watery element of the blood. He believes this function to be performed in a manner similar to that of secretions; and hence the lymphatics are regarded as the elements of a universally distributed gland. The analogy to glands consists especially in their nucleated cells, found in the saculated commencement of these vessels. These cells are in various stages of development, and are precisely similar to the ultimate anatomical elements of secreting organs. The lacteals take up chyle by a similar process; cells exist connected with the extreme lacteals, and these become distended during absorption, finally burst or are dissolved, and their contents, the chyle, pass forward through the vessels. Although a similar arrangement cannot be detected in all glands, they are nevertheless sufficiently obvious in many instances, and by a warrantable analogy we infer that these peculiar nucleated cells always exist in connection with secretion.

Dr. Willis is not entirely clear in his exposition of the nature of lymph. According to his views, the office of these vessels, is to inspissate the blood, by abstracting its watery material, and thus rendering subservient to the process of nutrition in the round of the circulation. This, it seems to us, is not an adequate explanation of this function. We learn by the sensible properties and chemical analysis, that lymph is nearly analogous to chyle, the latter, however, containing more albumen and a slightly larger quantity of saline elements. And when we remember that foreign materials are rarely found in the lymphatics, evincing a discriminating absorbent action, and that their contents are emptied into the thoractic duct, commingling freely with the nutritious chyle, it will be difficult to resist the conclusion that the lymphatics convey nutritious fluid.

In every organ of the body we find three distinct classes of vessels; these are the *arteries*, *veins*, and *lymphatics*. Now, by adverting to the several functions necessary to maintain the vitality of an individual part, the functions of the different vessels will be sufficiently obvious. The arteries convey the vitalized blood to the organ for the purposes of nutrition; the decomposing organ, however, eliminates effete materials, and these, in connection with the mass of the blood, are taken up by the veins, which possess no discriminating action; but a portion of the fluid resulting from decomposition is not effete, and hence it becomes the office of the lymphatics to absorb the nutritious part and return it to the system for vital purposes. We cannot, therefore, agree with Dr. Wil-

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lis, that the only use of the lymphatic system is to inspissate blood, although there is certainly a high degree of plausibility in the opinion that lymphatic vessels bear a strong analogy to secerment organs.

Tracheotomy in Croup is discussed by Dr. Scontteten, (p. 175) and a highly interesting case, that of his own daughter, is narrated. The child was attacked with symptoms of croup after exposure to a cold draught of air, and the symptoms came on the succeeding night. A portion of pseudo-membrane was thrown up, showing conclusively that the case was genuine croup. All remedies failing, the disease rapidly progressed, and suffocation seemed inevitable. Insufflation by the mouth produced slight relief, but no permanent benefit ensued. A consultation was held, and the opinion prevailed that death was inevitable, and that an operation would be unsuccessful. The heart still continuing to beat, Dr. S. determined to operate. When the trachea was opened, air rushed into the lungs and the child opened its eyes; artificial respiration was kept up for several hours, after which it gradually recovered. On the fifth day air passed through the mouth and nostrils; on the tenth day the wound was united.

The propriety of tracheotomy in croup has often been made a question, but at the present day the profession is almost unanimously opposed to the operation; the above case, however, is evidence that it may occasionally succeed. The exudative process in croup occupies more especially the upper part of the trachea, and death is commonly caused by obstruction in the larynx. But the inflammatory action and the exudation of lymph is not confined to the trachea, but on the contrary, often extends to the minute bronchial ramifications. In those examples where the disease is most confined to the upper part of the tube, the operation may succeed; but when the small tubes are equally involved, an operation will be perfectly futile. We witnessed a post-mortem recently, in the child of a physician, in which a false membrane existed in the trachea, and the inflammation extended to the small tubes; in the latter the exudation did not assume this form of membrane, but it remained liquid, and was so copious as to be sufficient to cause suffocation. In this instance, and all those where the smaller tubes are involved, the operation would of course fail. With a view to the operation it is important to determine whether the obstruction exists in the superior or inferior portions of the passage; and this can be determined, with much certainty, by the general symptoms, but more especially by the physical signs. We are of opinion, therefore, that under some circumstances the operation may prove successful.

Mr. Crowfoot (p. 181) refers to the great advantage to be derived

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from the application of leeches to the vulva and anus, in puerperal fever. He admits the propriety of general bleedings, to faintness, once or twice, but thinks the local bleeding most beneficial. On the same principle, that of derivation, scruple doses of calomel, followed, if necessary, by saline aperients, are advised. The additional treatment is recommended to be of the most soothing character, such as warm stupes to the abdomen, calomel and opium, saline febrifuge, and the patient's strength should be supported by mild nourishment.

The pathology of puerperal fever is now well understood, and its treatment is based upon rational principles. If any department of medicine can portray in strong light the importance of *pathological anatomy*, it is that of puerperal fever. The success in treatment of this affection now, as contrasted with that prior to a true exposition of its pathology, is conclusive evidence upon this point. Puerperal fever, at a former period, exhibited a degree of mortality truly frightful; and although it is still often fatal, especially when prevailing epidemically, its mortality is certainly greatly diminished. Puerperal fever is essentially inflammatory. Three different structures may be the principal seat of disease, although all may be simultaneously implicated, viz: the peritoneum, the veins of the uterus, and the substance of the organ. *Uterine phlebitis* is certainly a very formidable affection; and its insidious character, resulting from a remarkable latency, the disease is often not suspected until the remediable stage has passed. When the serous envelop is affected, the disease is more obvious, and is usually brought under the influence of remedies at an earlier period. A remarkable feature of puerperal peritonitis, is, a tendency to spread to other organs invested by a similar tissue. Thus hepatitis, gastritis, and enteritis are frequently complicated with puerperal fever. A remarkable instance recently came under our observation, in which serous inflammation had extended from the uterus to the liver, diaphragm, and pleura of the right side, accompanied by effusion of lymph and puruloid material within the cavity of the chest and abdomen. This tendency to extension should never be forgotten. The disease, as before remarked, *is essentially inflammatory*, and unquestionably should be treated as such. *Early and prompt depletion* is the sine qua non in puerperal fever.

The Midwives of Greece, with their ignorance and superstition, are graphically described by Prof. X. Lardner, (p. 182). Their remedies are secret, and are freely employed without the advice of a physician. To promote *menstruation*, they use aloes, crocus, rubia tinctorum, and fresh resin of firs, mixed with turpentine, is regarded as infallible. This last is often aided by camomile tea, &c. They also resort to vapor

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baths, imbued with rue and orange leaves, over which the patient is placed. Violently stimulating, and often dangerous remedies are employed against *sterility*; these are commonly introduced *per vaginum*. Those most employed are, boluses of myrrh, camphor, oil of camomile, musk, and cantharides! In difficult and protracted labor, they give brandy, rum, pepper, oil of almonds, and sometimes shake the patient violently. They administer opium largely to infants, and consequently, many die of hydrocephalus. It is alledged that an emulsion of hazlenut kernels promotes the secretion of milk.

What can we say, by way of contrast, of *American Midwives?* Very little, we apprehend, of a commendatory character. Ignorance, extreme and hopeless, is the prevailing characteristic of the midwives of this country. We have never had the good fortune to encounter one who had any tolerable conception of the art she attempted to practice. Indeed nothing can be more revolting to humanity than the extreme ignorance manifested by our midwives.

A condensed statement of the process of digestion is inserted on page 184. The author, Mr. Paget dwells particularly on the structure of the teeth and pharynx, and the nature of salivary secretion. It is believed by M. M. Sandras and Bouchardat that dissolved substances are absorbed by the veins of the stomach, but the insoluble are taken into the lacteals, and that the chief classes of aliments are thus disposed of: 1. Fibrin, albumen, casein, gluten and the gelatinous tissues are dissolved by the hydrochloric acid. (and, probably, of pepsin). 2. The starchy and saccharine principles are converted into lactic acid, and are absorbed in the stomach. 3. The fatty matters are insoluble, are taken up by the lacteals, and form the greater part of the chyle. To these views, Mr. Paget does not fully subscribe, but admits that some of the starch may be transformed and absorbed in the stomach.

We may present the whole of the digestive process under the following heads: 1. Mastication and insalivation. 2. Solution in the stomach, or *chymification*. 3. Digestion in the duodenum, or *chylification*. 4. Absorption of the chyle.

The object of mastication and insalivation is the reduction of food to small particles; the saliva exerting no chemical influence. Solution is effected by the gastric juice, the active solvents of which reside in the hydrochloric acid and pepsin. Albumen is the immediate product of digestion, and forms the basis of all nutriment; it is a question whether this principle is absolutely formed in the stomach, or, which is more probable, whether it is introduced with the food, and elaborated in the process of digestion. In the duodenum, it is now well established that

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bile acts chemically upon the mass, precipitates the fæcal portion, and the chyle being thus freed from heterogeneous materials, it is taken up by the lacteals. Fibrin is not formed until albumen undergoes the necessary transformation in chyliferous vessels. Absorption of drinks is accomplished by the veins.

The effects of starvation on the size of the heart are discussed by Dr. Chassat, (p. 218). His conclusions are deduced from the effects of inanition on the muscular system, observing that the heart is liable to be rapidly attacked, and sustains a great loss of weight. The state of the heart can, then, be judged of, to some extent, by the appearance of the external muscles. These views also explain the fact, that the muscular structure of the heart increases while animals are under the process of training. The principles arising from these facts have a direct practical application. In *hypertrophy* of heart no treatment is so efficacious as hat of a reduction of food; and we are fully persuaded, that this course, in connection with other appropriate remedial means, will relieve most cases of simple cardiac enlargement.

Dr. M. Rosenthal (p. 228) offers some suggestions in regard to the circulation of the blood. He adverts to certain experiments, performed two years ago in Paris, which exemplified the influence of oxygen in rendering the blood florid; but more especially showing the rapidity with which the change took place, being almost instantaneous in the aorta upon the exclusion of air from the trachea; and the conclusion was therefore drawn, that the circulation is much more rapid than is commonly supposed. Dr. Rosenthral offers another hypothesis to explain the rapid change in the blood. He refers it to electricity. It is inferred from the fact that the galvanometer is made to deviate when the wire is connected with a *wound in a living* animal, that fibrin is under the influence of galvanic forces, and hence the conditions exist necessary for decomposing and reforming water. It is also presumed, that the electrical forces are influenced or governed by the lungs, and that these organs are excited when they come in contact with air by which electricity is developed; water is thus decomposed, and the liberated oxygen acts on blood and renders it florid. The ligature on the trachea deranges the whole process, and hence the floridity of the blood in the aorta is *instantly* affected. He concludes the subject by asking several questions, by way of introducing several new doctrines, thus: 1. Is not blushing and turning pale the effect of a sudden change in the electrical conditions? 2. Is not the pulse the result of alternate disengagement and absorption of gases? 3. Cannot the gases expand the arteries, and aid the blood in rushing into the smaller branches?

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It will at once be conceded, by every unprejudiced mind, that the views of Dr. Rosenthal are hypothetical. It seems extremely difficult for many persons to distinguish between the human body being a mere conductor of electricity as all other physical bodies; and between electricity as a vital agent. There is no proof, either in reference to the nerves or any other part of the human organization, that electricity performs any of the vital functions. Thus, it is well established that electrical currents traverse the nerves, but it is equally well proven, that the fluid is not identical with the nervous principle. The laws regulating the two conditions are so obviously dissimilar, that it is strange any philosophical mind could for a moment entertain such a proposition.

In reference to the *rapidity* of the circulation, different opinions exist. Physiologists have generally concluded that the blood passes the round of the circulation once in from two to three minutes. Recent experiments, however, have produced some doubt in relation to the correctness of this opinion. Thus Hering injected prussiate of potash into the jugular vein of a horse, and in *thirty seconds* he detected it in the vein of the opposite side. Blake injected nitrate of baryta into the jugular vein and in *twenty seconds* it was clearly detected in the opposite carotid artery. These experiments were performed with much apparent precaution, especially those of Blake, and, in our opinion, they constitute sufficient ground for new investigations in reference to the rapidity of the circulation, if it does not absolutely disprove the old doctrine upon this subject.

Dr. Bowles, (p. 264), gives the history of a diseased ovarium which he removed by an operation. Dr. B. preferred the long incision, which is undoubtedly the best method of performing this operation. The result of this case is additional evidence of the propriety of operating in cases of diseased ovaria; and although it is to be regarded as one of considerable hazard, the successful issue of numerous cases, and the impossibility of recovery by any other means, are sufficient grounds to justify the operation.

Dr. B. R. Mitchell, (p. 268) discusses the causes of death in *typhoid fever*. He dissents, to some extent, from the opinions of the French, and others, that the intestinal lesion is the chief cause of death; but, on the contrary, he ascribes the fatality of this affection more to a lesion of the brain than to that of Peyer's glands. These views are based, measurably, upon the fact, that in grave cases delirium is a very constant attendant upon the disease, while in those of a mild grade, it is comparatively rare. He asserts further, that the greater development

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of the intestinal lesion is the feature in the mild cases. The author reprobates the practice of permitting the cerebral symptoms to progress without appropriate treatment, and declares it as his conviction, that an early and efficient practice, with reference to this particular lesion, would do much to diminish the mortality of typhoid fever.

This subject we regard as of paramount importance, involving the correct course of practice in a fever possessing grave lesions and a high degree of mortality. Dr. Mitchell's views in relation to cerebral complications we regard as partly correct, and that he has made valuable suggestions in the treatment of this affection, but we cannot assent to this view of the subject. It is well known that a difference exists in the views of eminent French pathologists as to the nature of typhoid fever; thus Lonis regards it as a local disease, the essential feature being the lesion of Peyer's glands; but Chomel contends that it is an *idiopathic* fever, and that the intestinal lesion is a secondary affection. We believe the views of Chomel to be those most in accordance with a rational view of the subject. But the most important question is, what are the most constant lesions found after death? According to general observation, it is fully established that the lesion of Peyer's glands is the only diseased action constantly found in this form of fever; and that the affection of the brain, lungs, and other organs are less constant, and we are inclined to think, not characteristic. Delirium being a very constant attendant, especially grave cases, is not evidence that the brain is *idiopathically* implicated, and we are inclined to believe, that the cerebral affection is sympathetic; but that a mutual reaction subsists between the intestinal and the cerebral lesions, as suggested by Dr. M., is sufficiently obvious. We think then, that the facts of the case will establish typhoid as an idiopathic fever, complicated with inflammation and ulceration of Peyer's glands, as an essential element, but frequently being connected in its course with congestion and inflammation of the brain, and with bronchitis, &c. If very grave cerebrebral symptoms occur, they unquestionably demand immediate and prompt treatment; but if the intestinal lesion is mild, or has been subdued, the affection of the brain will rarely prove fatal. The whole subject is one of vast importance, and we trust that every physician will investigate the subject critically and carefully.

The reader is referred to page 281, for a graphic description, by M. Malgaigne, of *Tenatomy*, its abuses and the results. The picture drawn by the writer is truly revolting to every feeling of humanity, independetly of all scientific or rational views. We do not doubt that myotomy may be made available in some instances, but its extraordin-

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ary abuse by M. Guerin, and others, should not be countenanced by the profession.

Dr. Beatty, (p. 286) expresses the opinion that *ergot* exerts a noxious influence on the nervous system of the fœtus during parturition. According to his observation, if the labor be accomplished within two *hours* after the administration of ergot, the child will not be affected, but if delivery is not completed within that time, the danger will be very great. The evidences of the affection of the infant are, spasms of all the muscles, "alternating with relaxation or palsy," produced by a "direct poisonous effect on the infant before delivery." This subject is one of great practical importance, and if finally decided according to the opinions of Dr. Beatty and others, it will materially affect the reputation of ergot as a parturient agent. Of course these views presuppose the admission of ergot into the maternal circulation, and that it can then gain access to the fœtal circulation. It is not entirely certain, however, that the ill effects arising from ergot may be correctly attributed to the asphyxia and congestion of the brain resulting from constant and long continued uterine action. The spasmodic action could be readily accounted for upon this ground.

Mr. Storrs (p. 289) details numerous interesting cases to show that contagion, or poison, of a certain character, may be conveyed by a practitioner to puerperal cases, and give rise to puerperal fever. Certain precautions, after attending a post mortem of any kind, or after dressing erysipelatous ulcers, are urgently enjoined. The paper is one of great interest, and should be carefully read.

Dr. New, (p. 301) gives the symptoms, diagnosis, pathology and treatment, of *yellow fever*. We refer to the article, however, without any comments, leaving the reader unbiassed to form his own opinions.

Dr. Black (p. 321) discusses the nature of tubercles and phthisis. Few subjects in pathology excites more interest, or has given rise to a greater diversity of opinion, than the nature of tubercles. The points of most interest are those relating to the proximate cause of tubercles, and their structure. The opinion seems now to be gaining with the profession, that tubercles arise from deranged assimilation, and that their deposition is the result of deranged secretion, depending however, upon the anterior derangement of the nutritive elements. This is what is termed by Dr. Williams, a *fibrinous degeneration* of the blood; this condition, however, we cannot presume *originates* in the blood, but depends rather upon a general derangement of the assimilative process. It is well known, that albumen is the immediate nutritive element, originating, or developed, in the digestive process; but before the nutritive

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function can be completed, the albumen must be transformed into *fibrin*. If transformation, or elaboration, does not properly take place, owing to an impaired assimilative action, the albumen will be insusceptible of organization; and when deposited as such it must remain as a foreign body, constituting *tubercles*. According to this view, tubercular deposition is not the result of inflammation; and when inflammatory action is present, it is most commonly produced by the irritating action of the diseased mass. If this general view of the pathology of tubercle be correct, it will readily be admitted that it is not organized; indeed there is every probability that tubercular deposits are wholly devoid of any organic arrangement, their growth being accomplished by juxta-position. The fact that vessels have been occasionally observed passing directly into tubercles, does not invalidate the opinion expressed above, and for this reason, that when the tubercular matter is deposited, portions of cellular tissue, containing vessels, are occasionally included within the diseased mass, presenting an appearance of vascularity, but which does not properly belong to the structure of the tubercle. Dr. Carswell is of opinion that tuberculous matter is most frequently deposited on mucous surfaces, while others believe, and as we think correctly, that the cellular tissue is its most common point of deposition.

Dr. Peacock, (p. 356) gives the history and treatment of a case of *congestive fever*. We have only to remark on this subject, that a remarkable change has occurred within a few years, in the treatment of congestive fever in the southern portion of the United States. Formerly, *calomel* and purgative were the remedies chiefly relied on; now *quinine* is more relied on than any single remedy. Mercurials, however, are not neglected, but they are employed rather as adjurants than as principal remedies. There is no doubt but that the practice has been greatly improved by this change.

Dr. Williams (p. 360,) in a lecture on structural diseases of the alimentary canal, presents a very good outline of the subject. We make a remark upon but a single point. Difficulties sometimes exist in distinguishing between simple hypertrophy and scirrhus enlargement of the coats of the stomach. Hypertrophy perhaps more frequently affects the mucous coat, while the greatest degree of thickening is met with in the cellular tissue; the muscular coat is often the subject of increased nutrition, while the serous tunic is but rarely thus affected. In all of these instances, however, there is no absolute change of structure, the derangement consisting of increased nutrition. In scirrhus and cancer a positive change of structure takes place: depositions of cancerous matter occur, and replace, to a great extent, the natural tissues. These are

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chief traits of distinction between the two forms of disease. Dr. Williams' paper is one of interest, and will well repay a careful perusal.

Dr. Close (p. 367) offers some very good practical remarks on the subject of constipation. Several striking cases are detailed, illustrating in a very forcible manner, the evil consequences arising from accumulations of feculent. He recommends aloes and soap as the last combination for overcoming the obstruction.

Dr. Pardee (p. 410) details a case of *granular degeneration* of the kidneys. This affection is one of considerable importance. Independent of the local organic affection of the organ, rapid emaciation, dropsical effusions &c., are *effects* which do more to destroy the patient than the local disease. Emaciation ensues, because albumen, which is the proximate nutritive element, is rapidly conveyed out of the system, thereby directly diminishing the means of sustaining the system. It seems not improbable that dropsy may result, in a great degree, from the diminished viscidity of the blood, and a tendency to exhalation thus produced.

Dr. Williams (p. 414) offers some remarks on the different forms of *dyspepsia:* viz: the *inflammatory*, *atonic*, and *irritable*. * * * * We are fully persuaded that chronic inflammation, or a high degree of irritation are the most common conditions of the stomach in dyspepsia. The vascular and nervous excitement may separately preponderate in different cases; and hence, a practical inference to be drawn is, that when vascular action predominates, depletion is the most apropriate remedy, but where the nervous excitement is the chief element in disease, narcotics and other remedies to allay the excitement are most appropriate. We suppose, then, that local depletion, narcotics, and finally tonics, are generally indicated, as cardinal remedies in dyspepsia. Each individual case, however, will require adjurants suited to its peculiar complications. Remedies administered for the purpose of *restoring the secretions*, will prove unavailing, as such, for the secretions of the stomach can only be restored by correcting the state of the vascular and nervous excitement. Idiopathic atony, as a strong cause of dyspepsia, we apprehend to be extremely rare, except in aged persons.

Dr. Shipman (p. 423) details several cases in which the use of tobacco exerted a marked deleterious influence. The symptoms in these cases were somewhat peculiar, and Dr. S. believes characteristic of tobacco. The vast amount of suffering produced by this worse than useless weed, is truly astonishing, and it should be the duty of every physician to warn the public, and especially his patients, against its pernicious effects. *No medical man* should ever use tobacco in any *form* except medicinally.

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No. 10, commences with an interesting paper on milk-sickness, from the pen of J. F. Hibberd, M. D., presenting an extended comparison between the symptoms of this disease and a complicate remittent fever—intended to establish the *strongest similitude*, if not *identity*, in their nature—he infers for each a common cause, malaria. His array of facts and argument, though strong, leaves his views of the pathology of the disease, as but a well supported hypothesis—its malarious origin an ingenious conjecture. The treatment, from our own and the observation of others, is one of the clearest and best. During the deep depression of the functional energy of the cerebro-spinal nerves—while the stomach is rejecting all things, might not ℥i, or ℥ii of quinine, spread with simple cerate, be applied with advantage to the epigastrium and fore arms previously stripped of their cuticle? The paper is worthy a most attentive consideration.

J. Bower Harrison, on page 467, introduces some most valuable remarks, on the importance of a knowledge of constitutional peculiarities in the study and treatment of disease. In illustration of his purpose, he presents scrofula, rachitis, &c., the developments of which are so slow and insidious, and their physical signs so slight and subtle, at commencement, "that it is next to impossible to pronounce on their existence." So entirely do they appear incidental to some latent cause—we are constrained to infer them "to be results of some peculiarity of constitution" out of the common order of nature. The study of molecural peculiarity and arrangement, in depraved or defective constitutions, is engaging the first minds in our profession, as being essential to a right understanding and treatment of most cases chronic, or obscure, in character. The subject is full of interest, and presents a field, in which every lover of the interests of medical science should be an active laborer.

To the very able article on Scarlatina, by Dr. Tweedie, we would bespeak an especial attention. Its lucid and forcible presentment of the history, various forms, diagnosis, and treatment of this disease, mark it as one of the fullest, clearest, that has met our observation. Therefore, and because, also, that the excellent work, from which we have made the extract, may not be conveniently procured by many of our readers, we have thought the paper, though lengthy, would prove very acceptable. Even Small-Pox, with equal care, has hardly proved more destructive than the malignant forms of this affection. A right understanding of it, then, cannot be too well, or broadly extended.

Around the pathology of this terrible fever, however, there still hangs some obscurity. We are astonished on post mortem examinations, to find the results of inflammation, so slight in parts, that presented in life.

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such fearful appearances. A clearer knowledge of the pathological condition of those tissues more immediately connected with the fatality of the disease, would give a more settled and surer treatment to its different forms. Leaving to others the investigation of this very important point, which our time and limits deny to us at present, we would remark that several distinct appearances, whether they stand as causes or consequences, bear a very uniform relation to, and tell the degree of the dangers of this disease.

When the fauces and skin are of a bright florid red—the fever open and free—the brain, lungs and gastro-intestinal tube, none, or unimportantly disturbed—the disease presents its *natural* appearance, and runs its course safely, under the simplest management.

As the eruption on the skin, and faucial mucous membrane is darker, as the body grows cooler, the extremities colder—as the pulse increases in rapidity and feebleness—as dyspnœa, more or less stupor and delirium, vomiting and diarrhœa, separately, or combined, appear, so do they go together, as physical signs, to show the ordinary complications of the fever in its extreme and fatal variation from its simple, *natural* form. If congestions about the brain, bronchial and gastro-intestinal mucous membranes, in any serious degree, are not essential elements to a *pure* scarlatina, shall not these by a safe induction, be regarded and treated, when they do appear, as (reflected?) *complications*, leaving the simple, pure fever, with simplest care, to hold its course through its natural time of duration.

Without extended argument in its favor we will submit for the consideration of our readers, the practical results of our view on this subject, carried out in the treatment of scarlatina, through several, and some severe epidemics. In every instance where we met evidence of congestion, or great depression of the functional energies of the brain and nerves of animal life, generally—as manifested by stupor, or delirium, with lethargy and prostration of the muscular apparatus: or where there was dyspnœa, or the organs of the cerebral and thoracic cavities were both implicated, we immediately applied blankets, wrung from hot water, including the hips and lower extremities, and continued by changing them, to as high a heat as the patient could bear without distress, till the brain, the lungs, or both, were relieved. Carb. ammonia, or musk, or their combination were administered to sustain the nerves in the reactive effort, and if this proved extreme, a *slow* bleeding, by leeches, from the throat or chest was kept up as the local congestion demanded. Tepid water—cold sometimes, with our own hand, but never trusted to a nurse—was constantly applied to the whole head, while there was heat or oppression about the brain, to secure a contraction of its vessels by the cold induced through evaporation, and a stimulating gargle applied, by a soft mop, thoroughly to the whole surface of the fauces, with mild evacuants, or enemata, constituted together, the means of converting to a most gratifying extent, the *complicate* into the *simple* scarlatina, which was afterwards treated according to the force of previous symptoms. The brightening countenance and color of the skin and fauces are true and clear guides as to the extent to which we should urge the preceding treatment in low, or typhoid cases.

So strongly are we impressed with the vital importance of applying gargles with the mop, we cannot forbear urging its use. It is scarce possible to get children to carry the gargle over the extent of the faucial

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inflammation, or congestion. Even adults, where the parts are much swollen and enfeebled, either cannot, or will not extend it thoroughly over the diseased surface.

If, then, as all admit, the gargles are importantly useful in treating scarlatina, and the most careless observer or thinker, cannot but see by a very little attention, that these do not reach the disease fully, especially in the hands of younger patients, by the ordinary mode of administering them—we feel that we have not only an apology for using it ourselves, but for the expressing some astonishment that so many able writers should have neglected to urge the use of the mop, or some other instrument that would bear the gargle with certainty to the diseased parts. We have *often*, without any other change in the treatment than the careful use of the mop in applying the gargle, seen cases of desperate appearance, made simple and easy of management, in a very short time. In this we feel very confident we are not mistaken. We apply carefully with the mop, the stimulating gargle to the fauces, on the same principle we would apply the blister, or a stimulating dressing, to any part to *prevent* or *check* a gangrenous tendency. And in this disease we can scarce, in any case, be sure that, sooner or later, this tendency will not be set up. If the disease be suddenly violent, and not arrested, the fauces will be livid and the patient rapidly die, as by apoplexy. Post-mortem dissections, in such cases, will show scarce a trace of inflammation about the fauces beyond some fullness of its vessels—the brain shows injection through its substance and often effusion beneath its arachnoid membrane, or in the ventricles. If the patient survive the attack in such instances sufficiently long, the first result of the inflammatory shock upon the fauces will be seen in gangrenous sloughs. The shock has been too violent for the inflammation to terminate in resolution. The parts are too crushed for this. Is it strange, then, that a part so highly vital, in so immediate contiguity to the brain—receiving from it some of the most important nerves, should extend to it, when in actual or *incipient* gangrene, a fatal oppression? If not, is it not imperiously demanded, by every principle of sound practice and of feeling, that the remedy which may arrest the gangrenous tendency of the faucial tissues, should be applied to the parts not only with care, but with certainty?

Gastro-enteritic complication requires but little to be withdrawn from the preceding treatment, save the stimuli named. Happily, therefore, the cerebro-spinal system, in this variety, seldom suffers seriously, if the gastro-entritis, be treated promptly. The applications to the head and fauces, should not be neglected, whenever there is the slightest disturbance about them, whether primitive or secondary.

An apology to the patrons of the Lancet—and in justice to the character of its prompt, energetic, and talented editor, an explanation is due for the delay of this number. When the editor left for Europe, most of the matter for the present number was prepared, and every arrangement made for an early issue. The ill health of the friend to whom it was given in charge—the pro tem. editors, at Lexington, for special reasons, preferring delay, to the issuing it there, and other uncontrollable difficulties combined to make this late appearance unavoidable.

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